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	PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	hould be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	very important. See instructions on back of certificate.
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STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH
The state of the s			

1. PLACE OF DEATH	(46)
County montgonicus	Registration Dist. No. 223
Village or City Takerna Park	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If ol loreign birth?yrsmosds.
2. FULL NAME Margaret M. al	len
(a) Residence: No. 43 Kennether Cist (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR, RACE OR DIVORCED (ryrice the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. II married, widowed, or divorced HU3BAND of (or) WIFE of (O) Nin (O) GPREN	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) May 15 /866	I last saw h. a alive on Our 14, 1932; death is sald
7. AGE Years Months Days II LESS than	to have occurred on the date stared above, et _ 2 Pm.
66 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importence were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Carenova Date of Oriset
SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at 11. Total time (years)	of stomach In-
work was done, as SILK MILL, SAW MILL, BANK, etc.	aufut.
10. Data deceased last worked at this occupation (month and spent in this	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Incland	College Colleg
E	
14. BIRTHELAGE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy?
E CONTO	23. If death was due to external causes (VIOLENCE) fill in also the Tollowing: Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT James Ho. Allen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMETON, OR PROVING MASS. Date June 17, 1932	Manner ol injury
19. UNDERTAKER WW Chambres 68 (Address) 14 00 lo wohn of work	24. Was diseasa or Injury In eny way related to occupation of deceased?
20. FILED surely, 1932 Head Registrar.	(Signed) M. D. (Address) A Company of the Company
76 11 1	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Week, DC

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example IC 12 1 1/ 63	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of enset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RTREATIV.	3-1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	6000
County Moulganiery	Registration Dist. No. 216
Village or City 2 7 blancas	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth? mos ds.
2. FULL NAME	Jenney
(a) Residence: No. Lo O + 4- Israel (Journal Moure (Usual Gace of abbde)	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 1. Wilder CA	21. DATE OF DEATH SUNE 27 1932 (Month) (Day)
5a. If married, widowed, or divorced HUSBAND of SENGE a Bennett	22. THEREBY CERTIFY, That I attended deceased from 1932 to 1 ma 27 1932
6. DATE OF BIRTH (month, day, and years) Jung 29 - 1854	I last saw h. L. alive on H. L. 2/ 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
77 // 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	My vearante ovo
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Jago
O A SAN MILE, DANN, GO.	
The Date deceased last worked at this occupation (month and year) 11. Totel time (years) spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance: Sclerckis
(State or country) Convitor C:	
Cul holes	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME HUNCES & Thornfrom	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Loullence Ev	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address) SON 6644 Bridge dry	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Brown on frit ma	Manner of injury
Place (o chrille Unio Date time 2919 3.7	Nature of injury
19. UNDERTAKER LONg Public Hay (Address) Rochwille May	24. Wes disease or Injury In any way related to occupation of deceased? 111
20. FILED June 2 9, 1932 Deux C Perry	(Signed) Tanhang Ton Rate:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 60

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as groeery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the minicipal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal eause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Mg	Registration Dist. No. 214
Village or City Coleman	NoSt,Ward
Length of residence in city or town where death occurred yrs mo	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?
	Kramor
(a) Residence: No. (Usual place of abode)	St., Ward." If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH (Month) (Day) (Yeer)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 477-	June 4 , 1936, to June 4 , 193 2
6. DATE OF BIRTH (month, day, end year)	I fast saw h alive on ; death is said
7. AGE Years MoAths Deys If LESS than 1 dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER,	P. J. P. M.
SAWYER, BOOKKEEPER, etc.	full offin
work was done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Jindustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) Lowella (State or country)	Other Coutributory Causes of importance:
13. NAME John Jimis Sichof 14. BIRTHERACE (city or town) My Ca.	
4 14. BIRTHELACE (city or town) My (State or country)	Name of operation Date of
-0 20-0	Whet test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Elyapub arithmen 16. BIRTHPLACE (city or town) (State or country)	23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT John Bihah (Address) Selon thing, und	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Arme Venaus Date 5 - 4 , 1932	Nature of injury
19. UNDERTAKER (Fally) John Jumin Sulap (Address) Tolly John Jumin	24. Was disease or injury in any way related to occupation of deceased?
20. FILED June 4, 1932 J-E. Duddy O. Belley Rosigning.	(Signed) M.D. M.D. (Address) Liloy Spring, And
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GEARCE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Moule	Registration Dist. No. 223
	Ob Holly and Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wildowed, Wildowed, (Write the word)	16 DATE OF DEATH JUNE 1932 (Year)
6 DATE OF BIRTH June 23, 185 (Nionth) (Day) (Year	THEREBY CERTIFY, That I attended the deceased from MAY 1930 to JUNE 7 1932, that I last saw h 1 M alive on JUNE 9 1932,
7 AGE If LESS the day had desor min	and that death occurred on the date stated above, at 2
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Madyson Ind.	Contributory Cerebral Henerology, artese Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
10 NAME OF FATHER CARLY B. Blasinghe OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) M. M. D. M. M. D. M.
of MOTHER Sarah F. Manuary 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease entracted, if not at place of death?
(Informant) Stewart F Blasing	Former of usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL.
(Address) 206 Holly Well	20 UNDERPAKER ADDRESS ADDRESS

If more banks are needed, addrose State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

06664

(Approved by U. S. Census and American Public Health Association.)

work, tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) Gracery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a cupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm loborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enet ., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. person, irrespective of Locomolive engineer But in many

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymal fever (the only definite synonym is "Epidemic cerebrosynial meningitis"); Diphtheria (avoid use of "Group"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia");

BUREAU

stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemio," "Puerperal peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "(Tanition," "Maresmus," "Old Age, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, carbolic acid-probably smaile. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); inges, perdonaeum, etc., approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was undercausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, Chronic vabular heart disease; Carcinoma, etc. The Nomenclature Sarcoma,, etc., of contributory "Shock, Measles ;

If this certificate is looked over thoroughly and all quastions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

should state of OCCUPA.

Exact statement

properly classified.

certificate.

of

See instructions on back

so that it may

CAUSE OF DEATH in plain terms,

TION is very important.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(J3J)
County Minitagnery	Registration Dist. No. 211
Village or City Bekrdette 1 1P.O.	Boyds Ind. St., Ward
Length of residence In city or town, where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
Walana B.	00
(a) Residence: No. 9 wyslowy Slots	The Conduit Md. DC.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of T. Boswell.	22. I HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) 74.26-1367	tast saw h. A. alive on 193 , to 193 , 193 , death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 4 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	arteriselysis 1123
kind of work done, as SPINNER. Housewife SAWYER, BODKKEEPER, etc.	Chronic interstitud heberitis 1927
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	My ventatio 1930
Do Date deceased last worked at this occupation (month and year) II. Total time (years)	
12. BIRTHPLACE (city or town). (State or country)	Dther Contributory Causes of importance:
T 13. NAME	
13. NAME W. Everley 14. BIRTHPLACE (city or town) W.d. Polowae)	Name of operation
(orace of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Clasabeth Magnides	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME The shell happing 16. BIRTHPLACE (city or town) Pulpurae Md (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Man Propries Harries (Address) Bankland	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REM AL	Manner of Injury
Place Q o louis the Date 6 30 1932	Nature of injury
19. UNDERTAKER Ruben Quinkley . (Address)	24. Was disease or injury in any way related to occupation of deceased?
Do at a mu & D.	(Signed) Water D Course M. D.
20. FILED Sally 1, 19,32 Pool Registrar.	(Address) Dansanville Mid.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	e of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BALEVI A'S	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	(1 (C 1 (C 2 (C))))))))))))))	3 days ago
			CECHNED	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year
			100	

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF	MARYLAND-	-CERTIFICATE	OF	DEATH	08886
OINTE OI	INTLATE LANGE	OLIVIII IOIVIL	0.		00000

1. PLACE OF DEATH	
County Montgomery	Registration Dist. No. 223
Village Dr City Taboma Gark	No. Wash Jane A Hospital or institution, give its NAME instead of forcet and number)
Length of residence in city or town where death occurredyrsmo	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME um and	Courgous
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single	21. DATE OF DEATH Year 26 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 26, 1932, to guare 26, 1932
6. DATE OF BIRTH (month, day, and year) June 26, 1932	I last saw have Motalive on State 216 193 2 death is said
7. AGE Years Months Days If LESS than 1 day, hrs. or min,	THE I KINCH AL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	were as follows: Date of onset
13. NAME). J. Boungouis 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Sallie Heibert 16. BIRTHPLACE (city or town) Forth Dabola 17. INFORMANT Mrs. Sallie Bourgouis (Addiess) I montaining and or	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
Place near Muniking Md Date June 26 , 1932	Manner of injury
19. UNDERTAKER (Addiess) # Wood on The Follows 20. FILED June 26, 1932 H. J.	24. Was disease or injury in any way related to occupation of deceased? If so, specify Auntla E Arlas (Signed) Auntla E Arlas M. D.
Registrar.	(Address) / G COVION OVE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory course of importance	
		Other contributory causes of importance:	122-129
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	72
County Must go werks.	Registration Dist. No. 2 / 2
Village or City Man Sally Sall	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME TOWN SOME	X
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of	
(or) Wille on Eleza, Sower	I HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and yaar)	last saw h. A alive on 1932, to 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
about 62 _ lday,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance
8 Trade profession or particular	Pulmonary Tulesculores 24, 102
SAWYER, BOOKKEEPER, etc.	
work was done, as SILK MILL,	
U 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	Ohn Carling Country
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance.
(State or country) / Many ombey 6. 100.	antial Education 1926
13. NAME Suber Bowen 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State bi country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Day Data June 20, 1932	Nature of injury
19. UNDERTAKER Henry Davil	24. Was disease or injury in any way related to occupation of decaased?
(Address) Toolesville	If so, specify
20. FILED June 19, 1932 mrs. G. C. Hillow	(Signed) Wolf D. W.D. M. D.
Elwhite Registrar.	(Address) Jamoubake life

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	F-100 17.0
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
2			

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial sephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory fautes of importance:		Other contributory causes of importance:	
Other contributory lautes of importance: Gallstones	May 1,1923	Gastroenteritis	1 year

)	item of infor-	S should state	of OCCUPA.		
•	I RECORD. Every	Y. PHYSICIANS	Exact statement		
511111	IS A PERMANENT	tated EXACTL	roperly classified.	ertificate.	
	NFADING INK-THIS	plied. AGE should be s	erms, so that it may be I	instructions on back of co	
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(46)
County Mont	Registration Dist. No. 217
Village or City Spencerville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U. S, if of foreign birth?yrsmosds.
2. FULL NAME award Thomas Bri	own
(a) Residence: No. Spewerville Md. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 30 × 193 2 (Wonth) (Day) (Year)
Se. If married, widowed, or divorced HUSBAND of (ec) WHE SE Sawra A Brown	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) Sau 14-1863	I lest sow h im alive on June 29, 1932-death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date steted above, at 15.20 7 m.
69 5 16 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcuonatosis of stomach jan 193
9. Industry or business in which work was done, as SILK MILL, Jruck farming SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and	
SAW MILL, BANK, etc	
this occupation (month and 1931 spent in this 3	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) State or country) Catalog or country)	Cachechia 3 mo
13. NAME Thomas Brown	
13. NAME Thomas Brown 14. BIRTHPLACE (city or town) Educa: Brown Co. md (State or country)	Name of operation Date of
1 (Grand of Country)	What test confirmed diagnosis?
15. MAIOEN NAME Kate Chambers 16. BIRTHPLACE (city or town) Sawell and (State or country)	23. If death was due to externel ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sawell and	Accident, suicide, or homicide?
∑ (State or country)	Where did injury occur? (Specify city or town, county and Stele)
17. INFORMANT DWY Saura W. Brown (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL Surle spelle	Manner of injury
Place Union Cemetery Date July 2 - , 1922	Nature of injury
19. UNDERTAKER Sloyd Kauser (Address) Laurel Md	24. Wes disease or injury in any way related to occupation of deceased? NO
20. FILEO July 1 , 1932. CS, Barnsley Resignation	(Signed) Chasleson M. D. (Address) Saudy Spring my
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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1. PLACE OF DEATH	CERTIFICATE OF DEATH
21	Registration Dist No. 2/3
County Montgomery	
Village or City 1101 It Described	No. St., Wa If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	osds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Male infant I	Runer
(a) Residence: No. May Prochville	And Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE Colories 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attended deceased in
0 11 1000	June 16 ,1932 6 June 31, 19 3
. DATE OF BIRTH (month, day, and year) June 16, 1930	I st saw alive on June 16 , 193 Adeath is s
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Infraezama fumontage
SAWYER, BOOKKEEPER, etc.	best engling
work was done, as StLK MILL, SAW MILL, BANK, etc.	() ()
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as STLK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Other Contributory Causes of Importance:
2. BIRTHPLACE (city or town) Mes Kochorllo	Rachetic pelirs & deffer.
(State or country)	- cult high forces
13. NAME Harry Weal	deliverity
14. BIRTHPLACE (city or town) Monty Co-	Name of operation Dete of
(Cotato di Counti))	What test confirmed diagnosis?
15. MAIDEN NAME Edna Bruener	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Edra Bruenes 16. BIRTHPLACE (city or town) Months. Co.	Accident, suicide, or homic de? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Edua Brewer (Address) Rocherble Med	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placetiments Tark Cemating - June 3	
19. UNDERTAKER Harry Heaf (father)	24. Wes disease or Injury In any way related to occupation of decessed?
11. 7. 0 (1/14)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	W 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	UL O	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	ERPEAT T. S	July 5,1927	Peritonitis	3 doys ago
	BUREAU		A	7 7
	The state of the s			
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		Moy 1,1923	Gastroenteritis *	1 yeor

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08671
1. PLACE OF DEATH	
County Montgomery Co.	Registration Dist. No. 2.16
Village or City Chery Chase	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ———————————————————————————————————
2. FULL NAME Triscilla Kent La	210 -
(a) Residence: No. 7 - Desketh Styl	St. Ward.
(d) Residence. No. 7 - (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with a word) Temple Temple	21. DATE OF DEATH (Month) (193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Albrah R. Rase	22. JHEREBY CERTITY, That I attended deceased from 1932 to 1932
6. DATE OF BIRTH (month, day, and year) an. 6 - 1878	I last saw h alive on, 19.32; death is said
7. AGE Years Manths Oays If LESS than 1 day,hrs. ormin.	to have occurred on the date state above, at 5.30 gm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation cocupation.	rund troop & instability the
12. BIRTHPLACE (city or town) Ills Mugh, Ga:	Other Contributory Causes of importance:
	Torneron tround applie
E	Name of operation 3 and Towns un 2 bate of North 10 3
14. BIRTHPLACE (city or town)	What test confirmed diagnosis 1 March - Was there an autopsy?
15. MAIOEN NAME Marthia Taylor	23. If death was due to external causes (VIOLENCE) filt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or hordicide?Date of injury, 19
(State or country)	Where did Injury occur?
(Address) # E - DISKITO STOCKING Char	(Specify city or town county and State) Specify whether injury occurred in INOUSTRY, in HOME, of in PUBLIC PLACE.
18. BURTAL, OREMATION, OR REMOVAL	Manner of injury
Constuga , a " agrant 0 ,1932	Nature of Injury
19. UNOERTANDEN SANGUS SONO	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 6-7-, 1932 Thomas Kilonella	(Signed) Little Anna J. Jan. M. D. (Address) The State of
If more blank are model address Sour Project	N. Challe Street Patrice, P. 471 C M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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BUREAU V. S.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	るいのは、人間と	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	W4)
County Montgomery	Registration Dist, No. 223
	No. 3 0.6
100 00 0 1 01	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Cua Boyd Clay	10n
(a) Residence: No. 306 Jarland Que (Usual place of abode)	St. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH June 12, 198 2 (Month) (Day) (Yaar)
5a. If married, widowad, or divorced	
(or) WIFE of Clmer G. Clayton	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (month day and week) To 50 1898	I last saw h 1 aliva on 2 2 1 1 193 2 death is said
6. DATE OF BIRTH (month, day, and year) January 29, 1898 7. AGE Years Months Days II LESS than	to heve occurred on the date stated ebove, at
34 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at mo. 4r. If. Total time (current or this occupation (month and or this corporation (month and or this occupation).	4.6
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	May cho muroso. 1931
SAW MILL, BANK, etc. Dan Home	
- this coordinates and / 3/1 shall till till s	
year) occupation occupation	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) West Charleston Vermont (State or country)	
I Julie Joy	
14. BIRTHPLACE (city or town) West Charleston Vermont (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
Ξ	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) West Marleston Verment (State or country)	Where did injury occur? at home 30 G Strland
mal-anl	(Specify city or town, comply and State)
17. INFORMANT // Climer & Cayton (Address) 306 garland A Je. Takoma Park	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE Change
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Outstaline 7 Gas. Mid.
Place I rash. D. C. Date rune 14, 1932	Nature of injury Coss day who
19. UNDERTAKER It. B. Nevius.	24. Was disease or injury In any way related to occupation of decaased?
(Address) Wash. D. C.	If so, specify
20. FILED June 12, 1932 %. E. Kraves. (Registrar.	(Signed) M. D. (Address) 2 2 March Cur Takong M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1915 1921 July 5,1927	The principal eause of death and related eauses of importance were as follows:	1 week ago 1 week ago 3 days ago
Arteriosclerosis		Attack of epilepsy	
Chronic interstitial nephritis		Run over by street car Peritonitis	
Cerebral hemorrhage			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenleritis	1 year

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA.	1. PLACE OF DEATH	93-0
ould	County Moulgomery	Registration Dist. No. 7-16
should of OCC	Village or City to trefry to likese	No. / June St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of residence in city or town where death occurred	
PHYSICIANS act statement	2. FULL NAME (133il Chick	ener
SIC	(a) Residence: No.//Officients	St., Ward.
HY t	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED.	MEDICAL CERTIFICATE OF DEATH
7.	S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
T (5a. If married, widowed or divorced HUSBANO of	
X A C T	(or) WIFE of George M. Chekue	22. May 25, 1937, to June 30, 1937
	6. DATE OF BIRTH (month, day, and year) Sept. 19-1855	I last saw har alive on Jary 30 -1937 death is said
	7. AGE Years Months Oays If LESS than	to heve occurred on the date steted above, at 4,350 -m.
stated properl ertifica	76 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
be st be pr of cer	8. Trade, profession, or particular kind of work done, as SPINNER, Cousewell SAWYER, BOOKKEEPER, etc.	Douglas basel
should it may n back	9. Industry or business in which	The state of the s
s sh t it on	SAW MILL, BANK, etc	
AGE that ions c	Ballin .	Other Contributory Causes of importance:
se so	12. BIRTHPLACE (city or town) (Stete or country)	cerrouic, my carally ogn
supplied. AGI n terms, so tha ee instructions	13. NAME Jolys H. Kirwan	Plant sclerioses 1725
4 4	T OY	Name of operation
· 70	14. BIRTHPhACE (city or town) 12 all 14. (State or country)	What test confirmed diagnosis? Was there an autopsy?
efully su in plain ant. See	15. MAIOEN NAME Pricilla Upplegar	25 at death was due to external causes (VIOLENCE) fill In elso the following:
1	16. BIRTHPLACE (city or town) Balling (State or country)	Accident, suicide, or homicide? Date of injury, 19
AT.	X (State or country)	Where did injury occur?
· '	17. INFORMANT LONGE U. Chicken	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
一日	Place do Vraine Nalto Oate July 2, 1932	Neture of injury
CAUSE TION is	19. UNDERTAKER for gawler's Some	24. Was disease or layury in any way releted to occupation of decodsed?
	(Address) 1757 (a live 1. w.	If so, specify
0	20. FILEO. 6-30-, 1932 Thomas K. Could Registral	(Signed) M. D. (Address) A. D. A. D. A. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUE 20 1832	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
	BUNEAU	30		
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

C	punty Montgon		Registration Dist. No.
	2/	2000	
	illage Dr City () delices	an king	ND. St., V death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth? yrs. mos.
2. FL	JLL NAME Stere	y Coal	es
(8	a) Residence: No/r/o	(Usual place of abode)	St., Ward. If nonresident give city or town and State
P	PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year
5a. If mei HUS (or)	rried, widowed, or divorced BBAND of WIFE of	A	22. HEREBY CERTIFY, That I attended deceesed
	May		no physician 19
6. DATE	OF BIRTH (month, day, and year) Years Wonths	Devs If LESS then	I lest sew h elive on ; deeth is to heve occurred on the date/stated above, at to F ;
. AGE	2827 6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were es follows:
8. 1	rade, profession, or perticular kind of work done, as SPINNER,	2	accidental apollement
9.	SAWYER, BDDKKEEPER, etc ndustry or business in which	Julioner	Found alad fall
3	work wes done, as SILK MILL, SAW MILL, BANK, etc	***************************************	Millan man Arbanald
11. Total tima (yeers) this occupation (month and spant in this		11. Total tima (yeers) spant in this occupetion	Malassa Uf Walls
			Other Contributory Causes of Importance:
	HPLACE (city or town)	res la con D =	f porto espectation of the
13. N	NAME ALL C	0-3	Coroners manest
13. N	BIRTHPLACE (dity or town) 1	1	Name of operation. Deta af
2	(State or country)	any lend -	What test confirmed diegnosis? Wes there an autopsy?_
15. MAIDEN NAME 16. BIRTHPLACE (city ar town) (State or country)		is Roberson	23. If death was dua to axternal causas (VIDLENCE) fill in also the following:
16. B	BIRTHPLACE (city ar town)	Α Λ	Accident, suicide, or humbide? Que and bate of injury, 19_
Σ	(State or country)	mysterd -	Where did Injury occur? (Specify city or town, county and State)
17. INFDE	RMANT Vargarel	Couls	Specify whether injory occurred in IMDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIA	AL, CREMATION, DR REMOVAL lece Soy de	Date June 25,19 3 4	Manner of Injury
	ERTAKER Ernest &	artuer	24. Was disease or Injury In any wey related to occupation of dacaesed?
20. FILED	Address)	rd C C . 24: 110-	(Signed) Charles N. World Charles

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Example I The principal cause of death and related causes of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BOREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL CDACE BOD BUDGHED CRASEMENTS BY DUVING AN

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BI PRISICIAN
+	

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

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Dept	
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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
Village or City Parkey	Registration Dist, No. 2/3 / Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. If of foreign birth?
2. FULL NAME There of the Com	1-01-01
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wide the word)	21. DATE OF DEATH (Month) (Day) (Pear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year) 4 19/6 7. AGE Years Months Days If LESS than 1 dayhrs.	1 last saw her ative on June 14 1952 I last saw her ative on June 13, 132; death is said to have occurred on the date stated at over, at
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (yeers) spant in this occupation.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Rockwille (State or country)	Typhrish fever 1928
13. NAME Puchard Crutchfield 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME Settic Johnson	Name of operation
15. MAIDEN NAME 16. BIRTHPLACE (city or towo) (State or country) 16. BIRTHPLACE (city or towo)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Sollie Cryslefic (Address) 18. BURIAL, CREMATION, OR DEMOVAL TO THE SOLITION OF	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
Plece of Charles A. Date O	Neture of Injury
19. UNDERTAKER WAS Address)	24. Wes disease or Injury in eny way releted to occupation of deceased?
20. FILED /16. 1932 Mrs M.J. Pract Registrar.	(Signed) . A Darley M. D. (Address) . Dorpall

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PHREAU T.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA-

			STATE	JE MARYLAND	-CERTIFICATE OF DEATH	0500
	1.	PLACE O	F DEATH	+	93-3	138137
1		County	mon	4	Registration Dist. No. 3/2	
		Village or C	city Pools	wille	NoSt,	Ward
1		Longth of son	Idanca in city or town where	4000 000000 6/ 000	(If death occurred in a hospital or institution, give its NAME instead of street and numbersds. How long in U.S. If of foreign birth?yrsyrs	
				death occurred Q/_yrs	musyismos.	us.
	2.	FULL NA	ME Dau	ra y Dav	· S	
		(a) Resider	nce: No.	(Usual place of abode)	St., Ward. If nonresident give city or town and St	
	-	PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SE		4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED	21. DATE OF DEATH	
		1	e	OR DIVORCED (write the word)		193 ~
	5a. I	f marriad, widov HUSBANO of	ved, or divorcad	1-W-Ca	(Month) (Oay)	- (Year)
		(or) WIFE of	Clarine	· H tamis	22. HEREBY CERTIFY, That I attanded de	ceasad from
			Course	X N N W W	Jun 2 1932, 10 Jun 2	, 19.3.3
ite.			(month, day, and yaar)		I lost saw h & alive on June 2 , 19 3 ?	daath is said
life	7. AC	GE Yes	ors Months	Days II LESS that		
certificate.	-	wont	4/	ormin,	The FRICIPAL CAOSE OF BEATH and related causes of importante	Data of onset
o jo	NO	8. Trade, profa	ssion, or particular work dona, as SPINNER, , BOOKKEEPER, atc	House Took	aguete Alation	2/2/34
	9 Industry or business in which		y v acc wo g	of wary (20 mm)		
back	Cup	Work wa	s dona, as SILK MILL, LL, BANK, atc.	n rwn hom		
HO	Ö	10. Oate decass	ed last worked at	11. Total tima (yaars) spent in this // 6		
instructions on		year) spant in this year)			Other Contributory Causes of importance:	
tio	12. E	12. BIRTHPLACE (city or town) Lovesylle			Chome myvearables	1929
truc	(State or country)			my		
ins	HER	13. NAME Cerry Clummer				
See	A	4 14. BIRTHPLACE (city octown)		d	Nama of operation	
S	(Stata or country)			- A	What tast confirmed diagnosis? Was there an aut	opsy?
nt.	MOTHER	15. MAIOEN NAME Jane Servin			23. If daath was dua to external causes (VIOLENCE) fill in also tha following:	
important.	0	16. BIRTHPLACE	E (city ar town)	-d	Accident, sulcide, or homicida? Date of Injury	, 19
n po	Σ	(Stata or	r country)		Whera did Injury occur? (Specify city or town, county and State)	
	17. 1	NFORMANT	Clarin	u 74 Daves	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
is very	10.5	(Addrass)	Pools	ville ma		
12	18, E	18. BURIAL, CREMATION, OR REMOVAL Place Published 1932			Mannar of injury	
Z		riace_ye_u		0010-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Nature of Injury	
TION	19. L	19. UNDERTAKER To Another		oden	24. Was diseasa er injury in any way ralated to occupation of deceased?	P
1	(Address) well ma		inap.	If so, specify		
1	20. F	ILEO Jus	u 2,1932	2 while	(Signad) (Signad)	Zn M. D
	II.	//		Registrar.	(Address)	EK 73

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
-	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montgomery	Registration Dist No.
Village or City Valonce Park M	& No. hoslinglon Jaust Hoyard
	death occurred in a horpital or institution of the its NAME instead of street and number) 2 ds. How long in U.S. if of foreign birth?
2. FULL NAME Robert I Deut	
(a) Residence: No. / Kennington	noted. Ward.
(Usual plage of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
mole amer midoued	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended a greased from
(1) MITE OF ELLING (Ally)	6/23 192 to 6/25/, 1932
6. DATE OF BIRTH (month, day, and year) aug 41 f 63	I last saw harmalive on 1983; death is said
7. AGE Years Months Pays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
68 10 21 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Tarmer	Che Cament rellected 10
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, Juble Company of the SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and spant in this spant in this	m proments repusited 10
work was done, as SILK MILL, FLUTTE SAW MILL, BANK, etc.	
year) occupation Q	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Co two les 60	Coucht premand , of
(State or country)	
14. BIRTHPLACE (city or town): Charles Ces	- Curio
4 14. BIRTHPLACE (city or town): Consules Cos (State or country)	Name of operation
	What test confirmed diagnosis? Was thera an au opsy?
15. MAIDEN NAME Elizabeth & Memers	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Charles (c) (Stata or country)	Accident, suicide, or nomicide? Date of injury, 19
a t	Where did injury occurs. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in Thousant, in nome, of in Public Place.
18. BURIAL, CREMATION, OR REMOVAL + 20	Manner of injury
Place Washington Date Jume 20, 1992	Nature of Injury
19. UNDERTAKER W W Chambers Co	24. Was disease or injury in any way related to occupation of deceased
(Addiess) Ly OU Galaring I h M	If so, specify
20. FILED \$25 1932 HE DELLE	(Signed) M. D.
Registrar.	(Address) / ash. Jan & Houp Jahans Turk has
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

PHYSICIANS

Exact statement

properly classified.

stated

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

item of infor-

Every

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Monty	Registration Dist. No. 2/2
Village or City Marketura	No. St, Ward
Length of residence in city or town where death occurredyrs,	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos
1+100:10	India tong in o.o. it of foreign anti-
2. FULL NAME THE FIFTH	Norsky
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended dacaased from
0-10-11-20/27	19 10 10 10 10 10 10 10 10 10 10 10 10 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS that	Hast saw h 19 ; death Is said to have occurred on the date stated above, at
() () (1) lday,	
8. Trade, profession, or particular	were as follows: Date of onset
Mind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	to a d l
9 Industry or business in which	about 6 ms
SAW MILL, BANK, atc.	
yaar) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	- Unhard
E 13. NAME AWAY. DILLY	
T	
14. BIRTHPLACE (city or town) (State or country) Manual Country	Name of operation Date of
œ , , , , ,	What test confirmed diagnosis? Was there an autopsy?
I THE THE PARTY OF	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
[State or country]	Where did Injury occur?
6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(Specify city or town, county and State) Specify whether Injory occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	openity minutes in modernity in nome, or in tobally tande.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Marfinshingste Jun 30, 19.	Nature of Injury
19. UNOERTAKER JOY & HAY AS 1	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Jouhn of My	If so, specify
	(Signed) What M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JH 5 1932			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
County Montgons	Registration Dist. No. 20 18
Village or City Washington Thore	
	If death occurred in a hospital or institution, give its NAME instead of street and number) s
2. FULL NAME Homes & For	1100
	04 14-1
(a) Residence: No. Sinba Two(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tho word)	21. DATE OF DEATH Jule 3
5a. If married, widowed, or divorced	
HUSBAND of Mora Dove	22. 26 HEREBY CERTIFY hat latended deceased from
5. DATE OF BIRTH (month, day, and year)	I last saw h
AGE Years Months Days If LESS than	to have occurred on the date stated above, at . Za m.
40 11 2-3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	and hilbeatthe
Industry or business in which work was done, as SILK MILL,	Will they still
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (city or town) West 9 a (State or country)	Other Centributery Causes of importance:
13. NAME STAND	
13. NAME Dyrus Fore 14. BIRTHPLACE (My or town) Va	Name of operation
(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Silcatt	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Saah Silcatt 16. BIRTHPLACE (city or town) Harry Confy Va	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT Cara Houle (Address) Washington From and	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place O Mura Date of 3, 1932	Nature of injury
P-12/18/18	24. Was disease or injury In any way related to occupation of deceased?
19 UNDERTAKER (Address)	If so specify
20. FILED June 14, 1932 Darlie Dere Elevisor	If so, specify (Signed) (Signed) (Signed)

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		canaos⊌	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-00
County Montaowery	Registration Dist. No. 2/2
Village or City Buch Logge.	No. A 7 A # 2 Boyda St., Ward St., Ward Geath occurred in a hospital or institution, gare its NAME instead of street and number)
Length of residanca in city or town whera death occurredyrs	
2. FULL NAME sephene	divall.
(a) Residence: No. 1 Rochvello Mu	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced	(month) (Day) (Teat)
HUSBAND of COT) WHEE OF	22. HEREBY CERTIFY, That attended deceased from
	1932, 10
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days If LESS than	I last saw h alive on 1962; death is said to have occurred on the date stated bove, at 1 2 Pm.
7. AGE Yaars Months Days If LESS than 1 day,hrs.	
70 d 00 ormin.	wera as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	myocarous may 30)
	Thursday of the Contractor) may is
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.	
11. Total time (years) spant in this occupation (month and yeer)	
Disamile'	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Dem Tuberculler
13. NAME	
13. NAME 14. BIRTHPLACE-teity or town).	Nama of operation Date of
(State or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Toler Considered.	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Toler Tours of State or country)	Accident, suicide, or homicide? QC. Q. Least Date of Injury 13 1932
S(Steta or country)	Where did injury occur? At her randones (humely Co. led
17. INFORMANT Elevolie Magnider (Addrass)	Specify city or town, country and State. Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mennar of injury acceptantal seel
Place Mt work seat Data 66. 182	Nature of injury Hage . Et .
19. UNDERTAKER (Address)	24 Was disease or injury In any way related to occupation of deceased?
Dr. 1. 14 29 min Plo 21-10	(Signed) Holery D. Nourse M.D.
20. FILED WILL 19.19 to the Control of the Control	(Addrass) L. Dawsowill hat
a of which	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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BUREAU V.S.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	44		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

>	RECORD. Every item of infor-	. PHYSICIANS should state	Exact statement of OCCUPA.	
	IS A PERMANENT	stated EXACTLY	properly classified.	ertificate.
	N. B.—WRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.
	Z.	4	-)

	F MARYLAND—	CERTIFICATE OF DEATH	1681
1. PLACE OF DEATH		91	18
Village or City Gaithersbu	(1)	No. St., f death occurred in a hospital or institution, give its NAME instead of street an	Ward
Length of residence in city or town where dea	oth occurred 87 yrsmos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME Elizabeth	L English	English	
(a) Residence: No. Gaither	china	St., Ward.	
		If nonresident give city or town a	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	
Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M&DOW	21. DATE OF DEATH 6 - 2/-	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ne Guslish	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) had	18-1845		, 19
6. DATE OF BIRTH (month, day, and year) // AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 6.30 P.m.	; death is said
I845 87 3	hrs.	The PRINCIPAL CAUSE OF DEATH and elated causes of importance	
8 Trade profession or particular	ormin.	Were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Retired	Usinam suffression of	6/12/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Choledyellic	6/7/32
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)		Dther Coutributory Causes of importance:	
置 13. NAME Eleven Of	futt		
13. NAME Eleven Of		Name of operation Date of	77
(State of country)		What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Susan H	<u>ill</u>	23. If death was due to external causes (VIOLENCE) fill in also the follow	ing:
15. MAIDEN NAME SUSAN H 16. BIRTHPLACE (city or town) Md (State or country)		Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFDRMANT James Engl (Address) Gaither		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR REMDVAL	5 1/41 <u>F.</u>	Manner of injury	
Place Gaithersburg	Date June 23 red #3	Nature of injury	
19. UNDERTAKER Salth	ehigo	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED JULY 23, 193 2 Mar	lul Dre Elelician Registrar.	(Signed) (Address) garthurburg	ng. M. D.
If more ble	anks are needed, address State Registrar.	2411 N. Charles Street, Bullimore, Requesting TI S No.	

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	r f	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Анаск ој ернерѕу	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		SECENED	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
county montgomery	Registration Dist. No. 2/3
Village or City Cocksolls (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AMES I Topsher	
(a) Residence: No. Joknette (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (rusite the word)	21. DATE OF DEATH / 8 (Month) (Day) .193 Z (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mennie Lee Fisher	22 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) africk 11, \$2,	Nest saw ham alive on the 190
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
49 2 7 1 day, hrs. or rain.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	The ford
of ndustry or business in which work was done, as SILK MILK.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and 6/8/32 spent in this occupation	
12. BIRTHPLACE (city or town) - Days - Land.	Other Contributory Causes of importance:
(State or country)	,
13. NAME Charles W. Fisher 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sandh Co. Ellen 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Minnie Jeen Fisher (Address) Franklis Mil.	Where did injury occur?(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mealwrills Dete from 20, 1932	Nature of Injury
19. UNDERTAKER Warners Jump host	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED Le 20 , 1932/ Mus W.J. Pract Registrar.	(Signed) (Address) M. D. (Address) M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

h	k	1	
-	-	1	

Exact statement of OCCUPA-

STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		- (n.a)		00083
County Montgomes			Registration Dist. No	211
Village or City Mean Calcolor Fr	ovend	No		St.,Ward
Length of residence in city or town where death occur	16	ath occurred in a hospital or institution ds How long in U.S. if of		
2. FULL NAME	Bellina			
(a) Residence: No Dea Cooler 2	roise.	St., Ward.		
(Usa	nal place of abode)		If nonresident give city or to	And the Control of th
PERSONAL AND STATISTICAL P			RTIFICATE OF DEA	ATH
7 0 0 0 ORD	LE, MARRIED, WIDOWED, VORCED (write the word)	1. DATE OF DEATH	6 - 5- (Month) (Day)	, 193 Z (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	23	100:	CERTIFY, That I a	
Contract.	1 1012	1.	. /	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months D	mod a lol.	to have occurred on the data stated		190 _ Zideath is said
1. AGE TESTS	c I day,hrs.	The PRINCIPAL CAUSE OF DEATH		nce
8. Trade, profession, or particular	orrain.	were as follows:	1.1	Date of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	se water	- Myrac	marino	
9. Industry or business In which	,	· · · · · · · · · · · · · · · · · · ·		
work was done, as SILK MILL, SAW MILL, BANK, etc				
- I this occupation (months and	. Total time (years) spent in this			
year)	occupation	Other Contributory Causes of impor	tance: O	
12. BIRTHPLACE (city or town) 2 mary La	11	Mitra	Slemai	2
(State or country)				
13. NAME TO PROPERTY 14. BIRTHPLACE (city or town Many Law				
14. BIRTHPLACE (city or town many las	4	Name of operation		ate of
(State of country)		What test confirmed diagnosis?	Was t	here en autopsy
15. MAIDEN NAME Com Hold	1.	23. If death was due to external caus	1	
[16. BIRTHPLACE (city or town) may la		Accident, suicide, or homicide?	Date of Injury	·, 19,
(State or country)		Whare did injury occur?	(Specify city or town, county	and State)
17. INFORMANT To rey (Address) Germanthon	n no	Specify whether injury occurred In	INDUSTRY, In HOME, or In PU	BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		Manner of injury		
Place Thered Ship Data	Jan 8 , 19.2	Natura of injury		
19. UNDERTAKER Roy W. Boys (Address)		24. Wes disease or injury in any wa	y related to occupation of dece	ased?
20. FILED Jane 6 19 32 mm &	Level Registrar.	(Signed) (Address)	Dimpen	M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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-		
3 3	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
السائد	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL CDACE FOR DIDTHED STATEMENTS BY DUVSICIAN

ADDITIONAL STACE FOR	FURTHER STATEMEN	15 bi inisician	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
n. /	62.00
County nangoning	Registration Dist. No. 2/3
Village or City Reservely	NoSt., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?
2. FULL NAME In any Gelace Gra	
A S AT CO	7822
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3, SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (rusite the word)	June 22 , 1932
5a. If married, widowed, or divorced	(Monfh) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	June 16, 1932, 10 June 22, 1937
6. DATE OF BIRTH (month, day, and year) Two, 16, 185	I last sawh la alive on June 2, 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
8 1 7 6 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Cerebral apoples nume!
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 7 7 9
9. adustry or business In which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
this occupation (month and spant in this occupation occupation	
Ma O O	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / / aug land	Exterior sclerosis
(State or country)	-
14. BIRTHPLACE (city or town). Silbert Spring.	
2 14. BIRTHPLACE (city or town)	Name af operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME EL BELLY H. Carrier 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Ecculos J. Carteel	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Property	0
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place 19 19 19 19 19 24, 19 3 2	Nature of Injury
19 UNDERTAKER UM, Rouber Rumphing	24. Was disease or injury In any way related to occupation of deceased?
(Address) Rochville ma.	If so, specify
10 54 62 2 H 10324 Mis W.J. Crack	(Signed) To Harley 10 M. D.
20. FILED. 2. 4. 19:3 20 VIII Registrar.	(Address) Porpolli
76 11 1.1	NO LC PL

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

STATE	OF	MARYI	AND-CERTIFICATE	OF	DEATH
SIAIL	OF	MAUIL	WIND CTIVITIONIT	. U	DLAIN

60685

1. PLACE OF DEATH	82 m	(31)
County Mont gomery	Registration Dist. No. 22	3.
Village or City Takkama Park Mil-	No. 16 15 Oyl Cul St., death occurred in a hospital or institution, give its NAME instead of street and n	Ward
	death occurred in a hopital of instruction, give its IVAIVE instead of street and it	
2. FULL NAME Bessel May long	le	
(a) Residence: No. 16 Boy of and Wave Wave (a bode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE FEMALE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH June (Day)	, 193 3 2 (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Iserge C. Isude	22. I HEREBY CERTIFY, That I attended	
B. DATE OF BIRTH (month, day, and year) May 25 1885	10	c., 19.3
7. AGE 4 Years Months 9/2 Days If LESS than I day,hrs.	to have occurred on the data stated above at	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	CErlbralhemourhage	6/6/32
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Washington D.C. (State or country)	Other Contributory Causes of Importance:	5yss.
13. NAME Charles P. Deveno		
14. BIRTHPLACE (city or town) Mantgarnery Co. Md (State or country)	Name of operation Date of	
15. MAIDEN NAME Sasah J. Shaw	What test confirmed diagnosis? Was there an a	
16. BIRTHPLACE (city or town) Must gamery Oo. Md. (Stata or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	
17. INFORMANT Susie Q. Owens (Address) Lo Boyd an Jakons Call	(Specify city or town, county and State Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL Place Hashington DC Date June 92, 1932	Manner of injury	
19. UNDERTAKER F Gaselis Sans (Address) Dyanasalla and	24. Was disease or Injury In any way related to occupation of deceased?	
20. FILED TIME 8 932 26. 8. Rogers Registrar.	(Signed) USOLA T. Jarsons (Address Vakona Jars h)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF	MARYLA	AND-CERTIF	ICATE	OF	DEATH
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SIAIL OI	1411/11/	ILAND	CERTIFICATE OF BEATTI	
1. PLACE OF DEATH			29	86
County Moulsomery			Registration Dist. No. 217	
mb 1	rangla	ed d	The morty. Co. General Hospital	Ward
vinage of city de acting,	in fra		death occurred in a hospital or institution, give its NAME instead of street and number	
Length of residence in city or town where dea	th occurred	yrs,mos	ds. How long In U. S. if of foreign birth? lefter mos	ds.
2. FULL NAME Cames	Hal	6		
X	kevill	e md	St. Ward.	
(a) Residence. No. 17. 7. 22. 22. 27.	(Usual place	of abode)	If nonresident give city or lown and Stat	e
PERSONAL AND STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5		RIED, WIDOWED,	21. DATE OF DEATH	
male Colored	Sina		(Month) (Day)	(Year)
5a. If married, widowed, or divorced	1			NESTING.
HUSBAND of (or) WIFE of			22. HEREBY CERTIFY, That I attended dace	
	1			19.3 2
6. DATE OF BIRTH (month, day, and year)		wn.	I last saw have alive on Jame 13, 1992; de	ath is sald
7. AGE Yaars Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 12:30 Pm.	
52!		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	te of onset
8. Trada, profession, or particular kind of work done, as SPINNER.	alon.	4.1	Oulmonary duberculoris	
SAWYER, BDDKKEEPER, etc.	0	<i>C</i>	0	
work was dona, as SILK MILL, SAW MILL, BANK, atc.	Farm			
10. Date deceased last worked at	11. Total ti	ma (years)		
this occupation (month and yaar)	span 000u	pation unkers		
12. BIRTHPLACE (city or town). Course	etici	t	Dther Contributory Causes of importance:	
(State or country)				
13. NAME Unknow	u			
14. BIRTHPLACE (city or town)			Name of operation Date of	
(State or country)			What test confirmed diagnosis? Was there an autop	nu nu
15. MAIDEN NAME MOAM	Leve	us	23. If death was due to external causes (VIOLENCE) fill in also the following:	3,122.042
	· len	~	Accidant, suicida, or homicide?	10
E (State or country)		0006	Where did injury occur?	, 13
7/	IN. a.	20	(Specify city or town, county and State)	
17. INFORMANT (Address)	Juco	ias.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	1		Manage of Latinus	
72.1 m.	Date Lu	e 15 1952	Manner of injury	
117 00	11.		Natura of injury	
19. UNDERTAKER Company &	impari	4	24. Was disease or Injury in any way related to occupation of deceased?	
(Address) Cochville, H	10	Fer.M. IX. H.	(Signed) Charles imables	4
20. FILED June 13, 1932 C	1 Jan	sley	8	JMD.
V		Registrar.	(Address and Sharing	9
If more bla	nks are needed, a	ddress Sete Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S/No. 1.	6 6

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
EURFAU V. S	. :		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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_		•	MARGIN	KES	EKVI	Q Q	MARGIN RESERVED FOR BINDING
WRITE	PLAINLY,	WITH	UNFADI	NG II	VK-T	HIS	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE
nation s	hould be car	efully s	supplied.	AGE	plnous	pe	nation should be carefully supplied. AGE should be stated EXACT
AUSE	OF DEATH	in plain	terms, so	that	it may	pe	AUSE OF DEATH in plain terms, so that it may be properly classified
ION is	TON is very important. See instructions on back of certificate.	ant. Se	e instructi	o suoi	n back	of o	ertificate.

V. S. No. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Montarmy	Registration Dist. No. 2/4
Village or City Albres Sayne	No. 8405 Ceden St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foralgn birth?
1/	
2. FULL NAME /V/7/4/4/EY, WILLIA	IN STOBERTA (MRS.)
(a) Residence; No. 8405 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (Yaa)
5a. If married, widowed, or divorcad	
(or) WIFE of Charles Harthey	22. I HEREBY CERTIFY, That I attended dacassed from
A. 12 107/	last saw h ar alive on Quare 25 , 1932; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at \$ '45 \(\)m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Oute of one of the state o
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jan 193
Ladustry or husinass in which	0
SAW MILL, BANK, etc. Private homes	
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) // CARLAGON (State or country)	Henral Otersty. Life
13. NAME Listie Johnson -	No -
4. BIRTHPLACE (city or town) (State or country)	Name of operation Oata of Oata
	What test confirmed diagnosis? Ly. of Many Was there an autopsy? !!!
E Real T mll;	23. If death was due to axternal causes (VIOLENCE) fill In also the following:
(State or country)	Accident, suicide, or homicide?
ma Walten of Tallett	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
17. INFORMANT // CO. // MUNTURY . O MUNTUR	Specify whether injury occurred in thousand, in nome, or in robert flace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 100 ml .
Place Thashing ton Oate une 28, 18.2	Nature of injury
19. UNDERTAKER A ART AND CO	24. Was disease or injury in any way related to occupation of deceased?
(Addrass) 291/1/24 DV	If so, specify
20. FILED J. 19. 32 35 Dudlus	(Signed) Control of M.D.
De lita Registrar.	(Address) Sulver spring, ma,
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

'In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy 1 week ago Arterioselerosis Chronic interstitial nephritis 1921 Run over by street car 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago GUYL Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroen teritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. PHYSICIANS should state

Exact statement

properly classified.

TION is very important. See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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			-	10	

68000

1. PLACE OF DEATH	•						
County Montgomery				Registration Dist. No.	2/2		
Village or City Near Dicl	cerson	,	NoNo		St.,Ward		
Length of residence in city or town where	death occurred		f death occurred in a hospital or institutes				
2. FULL NAME George L	ther Fil	debrand					
(a) Residence: No.			St., Ward.				
	(Usual place		10	If nonresident give city or to			
PERSONAL AND STATIST	1			ERTIFICATE OF DE	ATH		
3. SEX 4. COLOR OR RACE white	S. SINGLE, MAI OR DIVORCE Widowe	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH	June 11th., (Month) (Day)	2 , 193 (Year)		
5a. If married, widowed, or divorced HUSBAND of							
(or) WIFE of Mary E. Dav:	s		22. I HEREBY CERTIFY. That I attended deceased from March 30th, 19 32 to June 11th, 19 32				
6. DATE OF BIRTH (month, day, and year)	ky 10, 1	859	last saw h_im alive on June 11th, 19 32; death is				
7. AGE Years Months	Days	If LESS than 1 day,hrs.	- hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		, r \		
73 (0	1	ormin.					
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Farmer		Chronic Myoc	arditis	3-430-43		
kind of work done as SPINNER, SAWYER, BDDKKEEPER, etc							
10. Date deceased last worked at this occupation (month and year)	Spe	time (years) ent in this upation					
12. BIRTHPLACE (city or town) Maryland			Dther Contributory Causes of impo Arterioscler	rtance; OSIS			
# 13. NAME William Hildeh	rand						
13. NAME William Hildeby 14. BIRTHPLACE (city or town)	yland		Name of operation What test confirmed diagnosis?				
15. MAIDEN NAME Ann Staley					-		
16. BIRTHPLACE (city or town) Mary			23. If death was due to external causes (VIDLENCE) fill In also the following: Accident, suicide, or homicide?, 19, 19, 19				
(State or country) 17. INFORMANT Miss. Mae Hildenrand.			Where did injury occur? Specify whether injury occurred In	(Specify city or town, county INDUSTRY, in HDME, or In PU			
(Address) Dickerson, 1 18. BURIAL, CREMATION, DR REMOVAL	d.						
Place Beallsville Id	Date Jrv	ne 7/ 10 70	Manner of injury		•		
		110-14-9, 13-06-	Nature of injury				
19. UNDERTAKER M. R. Etchison (Address) Frederick, Mc			24. Was disease or injury in any wa	ay related to occupation of deces	ised?		
20. FILED Jule /2, 19.32	ners C	Wellow Registrar	(Signed) Fre	derick, Mary	land.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURPAU Velle			
Other contributory causes of importance:		Other contributory causes of importance:	- 14-
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPA.

PHYSICIANS Exact statement

AGE should be stated EXACTLY.

properly classified.

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1 N.B.

STATE OF	MARYLAND—CERTIFICATE	OF D	EATH
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6.0000

1. PLACE OF DEATH	93-20
County Moulgarrey	Registration Dist. No. 2/3
Village or City Junels Varchard	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth? J. yrs
A 'O 2. Wasser	l long in c. c. ii or loreign antar g. se
2. FULL NAME Januar M 170 Ward	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (oc) WIFE of Hammes Herrard	1 HEREBY CERTIFY, That I attended deceased from 1931 19 to June 22 1932
6. DATE OF BIRTH (month, day, and year)	I last-saw han alive on une 15 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.
86 Ulukum Duleum ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER Clarksmith & SAWYER, BOOKKEPER, etc.	General arterial toleroses
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	myreadiles
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER CARROLL	
12. BIRTHPLACE (city or town). Montgomey les Ma (State or country)	Other Contributory Causes of importance:
I 13. NAME Level Howard	
13. NAME formed Howard 14. BIRTHPLACE (city or town) Manyland (State or country)	Name of operation
# 15. MAIDEN NAME Drew cella / Vegres	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Drus lila / Vigner 16. BIRTHPLACE (city or town) Manyland (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT(Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Realls wille Mt Date June 25th, 1982	Manner of injury
19. UNDERTAKER Rufen Pumplishy (Address) Rock all	24. Was disease or injury in any way related to occupation of deceased? NO
20. FILED W. 23 , 193 J. U. Durus M. D. Registrar.	(Signed) War D. M. D. (Address) Sawarwell p. M. D.
f more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

	66690
PLACE OF DEATH	STATE OF MARYLAND
County Montamery	CERTIFICATE OF DEATH
	Registration Dist. No. 216
Village or City Bellesda (No. Me	Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 1923 7 , 1923 7 (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw h alive on 192, 192,
7 AGE	and that death occurred on the date stated above, at
(a) Trade, profession or Putrul	Cerchal Hemorrhage
particular kind of work (b) General nature of industry Carpeulus business, or establishment in which employed or (employer)	(Duration) yrs mos de.
9 BIRTHPLACE (State or country) Dist of Columbia	Contributory Secondary Durstion) yes mos de,
10 NAME OF William July	(Signed) Dey C. Jem M. D. Vune 15 19732 (Address) Belherla, M.D.
OF FATHER Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER THE	18 LUNGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea h? Former or usual residence
(Address) Montgoming au	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MARIANTE DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL
15 Filed un 15 1932 Serie Registra	20 UNDERTAKER SU Wise Company Washington DC.
If more b.anks are needed, addre.s Ltate Kegistra	r, 16 W. Saratoga St., Balto., Laquesting V. S. Ivo. 1.

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the husiness or industry, and therefere an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebro" s: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia")

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Echaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. (Recommendations on statement of cause of . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. valvular heart The Always qualify all contributory disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	I
ESERV	INK-TE
MARGIN RESERVE	BWRITE PLAINLY, WITH UNFADING
5	WITH
)	PLAINLY.
. No. 1	B.—WRITE

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(97)
County Mantgamery	Registration Dist. No. 3/2
Village or City Por Cerible	NDSt,Ward
(If Length of rasidance In city or town whara death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foraign birth? yrs mos ds.
we	us. 1104 folig iff 0.5. if of folialga birth: yts mos us.
2. FULL NAME Jorge W. Hut	
(a) Residence: Np. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH June 28 75 (Year)
5e. If marriad, widowad, or divorced HUSBAND of Cory WIFE of Sallie B. Wurt	22. I HEREBY CERTIFY, Indicated dacased from
6. DATE OF BIRTH (month, day, and year) Law 13 - 1841	I last saw II alive of 19 ; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated ebove, at 1,30 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	Date of onset
Hadustry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10 Data deceased last worked at this occupetion (month and year) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME & terhen Mut	1
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State or country)	What tast confirmed diagnosis? Wes there an autopsy??
15. MAIDEN NAME	23. If daeth was due to external causes (VIOLENCE) fill In also tha following:
16. BIRTHPLACE (city or town) (Stete or country)	Accidant, suicida, or homicide?
17. INFORMANT & . Heret	Where did Injury occur?(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
(Address) 18, BURIAL, CREMATION OF REMOVAL	
Placa Boullourella Data pune 30 1032	Menner of InjuryNature of Injury
f9. UNDERTAKER (Address) Page 2000	24. Was disease or injury in any way retated to occupation of deceased?
20. FILED June 29, 1937 EW White Registrar.	(Signed) M. D. (Address) A Company of the Company o
If more blanks are needed address Seets Desire	N Chalacter Baline B 20 C V

V. S. No. 1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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should state

STATE OF MARYLAND	00.00.3785
1. PLACE OF DEATH	92-0
County Montgomery	Registration Dist. No. 2/2
Village or City Barnesville	No. St, Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?
2. FULL NAME Mary & Hutchin	son
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF BEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	
(or) WIFE of John He Tolinson	22. I HERBBY CERTIFY. That I attended deceased from
6. DATE OF BIRTIL (month, day, and year) \ 1854	I fest saw h. M. alive on June 11- , 19. J. Z; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
73 /0 /3 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8/Train profession or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carlage Records so
9. Industry or business in which	C president resultings
work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at spent in this spent in this	
10. Data deceased last worked at this occupation (month and very) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Uniquina	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) U (State or country)	Mital Engelheunes
I 13. NAME TO 10 am Carterial +	The state of the s
13. NAME Sulliam Canternal 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LINGUIS	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city ar town)	Accident, suicide, or homicida? Data of Injury, 19
(Stata or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Succes Deduction (Address) /910-allantic ave. New York. N.4	Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt - from Date time 1 5, 1952	Natura of injury
19. UNDERTAKER (1) Q. Hilbary + Sano	24. Was disease or injury in any way related to occupation of deceased?
(Addrass)	If so, specify
20. FILED June 13, 1932 Mod. C. Hillon	(Signed) / L. Yough M. D.
S land 1 Registrar.	(Address) / 37/1/10 Pully MA

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example		Example II	
of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	
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	STATE OF MARY	LAND-	CERTIFICATE OF DEATH
1. PL	ACE OF DEATH		186-0
Co	ounty Moulgomery		Begistration Dist. No.
Vi	illage or City Oluky, Mcd.	The	e Mouly. Co. Tennal Horafulaward
1.e	ength of residence In city or town where death occurred		death occurred in a harpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrs
	ILL NAME Thomas Jen		
	Residence: No. Frederickely	Man Y	ast, Ward.
(4	(Usual place of		If nonresident give city or town and State
P	ERSONAL AND STATISTICAL PARTIC	ULAS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRI OR DIVORCED		21. DATE OF DEATH
	nale White Ringle		(Month) (Day) (Yaar)
HUS	rried, widowed, or divorced BAND of WIFE of		22. A I HEREBY CERTIFY, That I attended deceased from
(01)	WIFE 01		June 28, 193 & to June 28, 1932
6. DATE	OF BIRTH (month, day, and year) Lukener	un_	I last saw home alive on July 2 P, 19.32, death is said
7. AGE	Yaars Months Days	If LESS than 1 day,hrs.	to have occurred on the data stated above, at 8 10 P.m.
	65 ;	or min.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onest
8 T	rade, profession, or particular kind of work done, as SPINNER OLYCLE SAWYER, BOOKKEEPER, etc.	- Luci	() + 0 P
P 9. 1	ndustry or business In which	John	Mira Chamal Remontage
OCCUPATION 0. 01	work was done, as SILK MILL, SAW MILL, BANK, atc		
10.0		in this	
	year) octup	ation	Other Contributory Causes of Importence:
	HPLACE (city or town)	va	Fractured Skull
-1	State or country)		+ raselies source
13. N	IAME CULTUN Jennings	· Va.	nouse
¥ 14. B	(State or country)	6 04.	Name of operation Money Data of Data of What test confirmed diagnosis? Spinal Russel Was there an autopsy? Ho
2 15. N	MAIDEN NAME The provider		23. If deeth was due to external causes (VIOLENCE) fill in also the following:
E	70-6	ant.	Accident, suicide, or homicide? alcedent Date of injury 6-28, 1934
16. B	(Stata or country)	W. C. 3	Where did Injury occur? Demont monty Co. mel
17 INFOR	RMANT Haspital Record	0.	(Specify city or town, county and state) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
	Address) Mamellan Va	•	Home
	AL CREMATION, ON REMOVATORY COMME	22 .21	Manner of injury Man fell & thit the head on Con-
P	lace I Date Date	00,102	Natura of injury the local Revel
19. UNDE		href	24. Was disease or injury in any way related to occupation of deceased?710
()	Address) Rocknill "Man"	1	If so, specify
20. FILED	June 29, 1932 (10 arnsl	Registrar.	(Signad) M. D. (Address) Sairly Aprice Prof.
	If more blanks are needed, ad	11	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.
	,		· · · · · · · · · · · · · · · · · · ·

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	Example-I		Example II	100
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURBAU V 8	Jrdy 5,1927	Peritonitis	3 days ago
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

800	letter under	EllerTT	14/4/22	Concerning	dat.
	Al Burgal		10/8/011		
	1 mg				
	0				

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND	-CERTIFICATE OF DEATH
County M 6 Mt Q & Mex M	Registration Dist. No. 223
	J., 0
Village or City Fa Admed Rank:	(If death occurred in a hospital or institution, give its NAME instead of street and humber)
Length of residence In city or town whera death occurredyrs,	.mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME In 1 Lauins Johnson	
(a) Residence: No. 815 Mary band Que. (Usual prace of abode)	St., Ward Washington 1) C. If nonreadent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs.	22. HEREBY CERTIFY, That I attended degrased
	1 least agus h 1 a airte an 6 4 103 2 seasth le
6. DATE OF BIRTH (month, day, and year) 1) 2 2 2 0 18 7 0 7. AGE Years Months Days If LESS that 1 day,	to have occurred on the date stated above, at 4 m.
1 day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 10ctor Clark	the way My readeles
9) Industry or business in which work was done, as SILK MILL, government Work SAW MILL, BANK, etc.	011
2 70 p. 4 - 41 4-4 . () 11 T-4-14 - ()	Mc compensation 1
this occupation (month and 4.3.1	yn.
M. Biggar	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) - 1-U-1-E-97 - NCJ - U-N - (State or country)	Ity postatio meumania 1de
12. BIRTHPLACE (city or town) Michael Manager (State or country) 13. NAME Richard Manager (State or country)	
14. BIRTHPLACE (city or town) Uix Qxx	Name of operation.
(Stata or country)	What test confirmed diagnosis Churcal I has here an au opsit
15. MAIDEN NAME Migs Gmily, Pigeon	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) W.d. and	Accident, suicide, or homicale?, 19
16. BIRTHPLACE (city or town)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT W. L. Law & tay Law Laring Reedes (Address) 18. BIRITAL CREMATION OF REMOVAL	A Constitute Laboration and the INDUCTOR to HOME and DUDITOR DEADE
Bloom Washington De of F	Manner of injury Nature of injury
19. UNDERTAKE Chas of Bushoust	24. Was disease or injury in any way related to occupation of deceased?
20. FILED	(Signed) Lyngard mouse
	strar, 2411 N. Charles Street, Balimore, Requesting U. S. No. 1.

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	K.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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	STATE (OF MARY	_AND-	CERTIFICATE	OF DE	ATH	00000
1. PLACE OF				Tão.			2.6
County					Registrati	on Dist. No	211
Village or Cit	y Gaith	ersburg		No. death occurred in a hospital or institu	tion give its NA	MF instead of street	
Length of reside	ence in city or town where	death occurred		ds. How long in U.S. if o			
2. FULL NAM	E George	Jolley					
(a) Residence	e: No. Gai	thersburg		St., Ward.			
PERSONA		(Usual place of a		MEDICAL		TE OF DEAT	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIE OR DIVORGED (1	D. WIDOWED.	21. DATE OF DEATH	6	31	102 7
Male	White	lvia)	L.L.Ted		(Month)	(Day)	(Year)
5a. If married, widowed HUSBAND of (or) WIFE of	Flore	use myste	e Fisher	LA JAS	CERTI	FY. That I atte	nded deceased from
6. DATE OF BIRTH (n	ionth, day, and year)	Dec 24th	1901	I last saw h use alive on	6/3	, 19	; death is said
7. AGE Years		Oays	If LESS than	to have occurred on the data state			
I901 3	0 7		l day,hrs. ormin.	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related o	causes of importance	Date of onset
8. Trade, profess kind of wo	rk done, as SPINNER,	T - 1		Canto Su		sdila	7.7
A 9. Industry or bu	BOOKKEEPER, etc	Brick L		wente m	ys ca		0/25
SAW MILL	done, as SILK MILL, BANK, etc			-			
10. Oate deceased this occupa year)	last worked at ition (month and 25	11. Total time spent ir occupat	(years) in this				
12. BIRTHPLACE (city (State or count	or town)	ashington	DC	Other Contributory Causes of Impo	ortanca:		
13. NAME	Edward R	Jolley					
13. NAME 14. BIRTHPLACE ((State or c	city or town) Wash		0	Name of operation			
	3° 1 1	Heally		What test confirmed diagnosis? 23. If death was due to external cau			
15. MAIOEN NAM 16. BIRTHPLACE (State or o	city of town)	ington l	C	Accident, suicide, or homicide? Where did injury occur?			
	Martha Jo	nes, bany Ave,	Brookl	Specify whether injury occurred in	(Specify cit n INDUSTRY, in	y or town, county and HOME, or In PUBLI	d State) IC PLACE.
18. BURIAL, CREMATIO		9 Date aug	Ny 3 1932	Mannar of injury			
19. UNDERTAKER (Address)	. C. Jart	ishust	ug, m	24. Was diseasa or Injury In any w	ray related to or	coupation of Jecc se	d? / 1
20. FILEO Cury	3 ,1932 Bi	rebel Dure	Registrar.	(Signed) (Address)	girle	ustur	zmel.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

DISTRICT TO I THE AMERICAN WIDNIES	תהו א אדהום	TOTAL PRINCIPAL
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. E	NK-THIS	IS A PERMANENT RECORD. E
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	should be	stated EXACTLY. PHYSICI
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact stater	it may be	properly classified. Exact stater
TION is very important. See instructions on back of certificate.	on back of	certificate.

state OCCUPA

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3. SEX ma

MOTHER

17. INFORMANT

20. FILED

16. BIRTHPLACE (city or town)

(Address) 4608 45.450 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER LUCYCORE & (Address) Poclavilla

(State or country) Conscular

Place westerenbort md Date June 29, 1932

	S	TATE C	F MAR	YLAND-	CERTIFICATE OF DEATH
1. PLA	CE OF DEA				23)
Cou	nty Mon	Laome	very		Registration Dist. No. 266
	age or City_Go				No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) — ds. How long in U.S. if of foreign birth?yrsmosds.
	Residence: No.	0	(Usual place	Cmd.	St., Ward. If nonresident give city or town and State
PE	RSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLO	R OR RACE		RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	ed, widowed, or divo AND of IFE of	rced		S	22. I HEREBY CERTIFY. That I attended deceased from 22, 132, 10 22 27, 132
6. DATE OF	BIRTH (month, da	y, end year) 🗸	Dec. 10	1889	Hast saw ham alive on July 27-, 1932; death is said
7. AGE	Years	Months	Days	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, at //m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9. Ind	de, profession, or p kind of work done, SAWYER, BODKKEI ustry or business it work was done, as 'S SAW MILL, BANK, te deceased last wo this occupation (mo	as SPINNER, 1 PER, etc which SILK MILL, etc	Salas 11. Total spi	time (years)	Aulinouary Hukuowa
year) occupation				mia	Dther Contributory Causes of importance: Chrome myocardin 1930
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country)					Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
을 15. MA	IDEN NAME SY	Merci	ne Da	long	23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____ 19

Where did injury occur?____ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

ature	of injury_	 	 	
anner	or injury	 	 	

24. Was disease or injury In any way related to occupation of deceased? If so, specify C (Signed)

(Address) ...

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, ctc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago COL C Julu 5.1927 Peritonitis Cerebral hemorrhage 3 days ago 1 22 6 Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(110)
County Moulyonery	Registratjon Dist. No.
Village or City Qlibry, Will.	death occurred in a hypotal or institution give its NAME instead of street and number)
P.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Frank a. King	
000 74	St., Ward.
(a) Residence: No. () Keesy - Med (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male Colored Market (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, ordivorced HUSBAND of Selina S. King (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Undersown	I last saw h elive on June 29 , 19.32 death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, et 12:2a P.m.
56? 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	abscess of lung unknown
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc Factor 10. Date deceased last worked et 11. Total tima (years)	0g
11. Total tima (years) spent in this occupation (month and year) 1932 occupation 254	
12. BIRTHPLACE (city or town) Waterloo, Virginia	Other Contributory Causes of Importance:
W	empyente anken
H 13. NAME James Mury	28.7
14. BIRTHPLACE (city or town) unlesseure (State or country)	Name of operation
	What test confirmed diagnosis? A. a Was there an autopsy? /// 23. If death was due to external causes (VIOLENEE) fill in also the following:
I T	V
16. BIRTHPLACE (city or town) Conference (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Hospital records.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Sandy Springs and Oate July 1, 1922	
19. UNDERTAKER / Log 2/1/2/2 arber (Addiess) Sailhersburg	24. Was disease er injury in any way related to occupation of deceased? 220
20. FILED July 1 , 1932 CBarnisley Registrar.	(Signad) The Some pless M. D. (Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory of Gallstones	OKINATION SALENES	May 1,1923	Other contributory causes of importance: Gastrocnteritis	1 year
	ECHATON	34		

certificate.

See instructions on back

TION is very important.

V. S. No. 1

should state

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	30
County Montgomery	Registration Dist. No. 2//
Village or City Mr. Woodfuld	No. St. Ward
Length of residence in city or town where death occurred 5 6 yrs. 5 mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Translin Monroe Kin	
(a) Residence: No. Woodfielf Ms. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Mary avondale ring	March 70 1032 to June 9
1 1 1 - 601	, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) August 5 8 6 7. AGE Years Month Days If LESS than	I last saw have alive on fully alive on fully for the date stated above, at fully fu
56 (5) 4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Date of one of the district
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	so.
S. Had, profession, or particular, or particular, or profession, o	
SAW MILL, BANK, etc.	
Spell III tills	
year)	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) W. Woodfull	. Tuberculosio & Prostale glands. 1 yrs
E 24 / 26 / 10	
[State or country]	Name of operation Date of
	What test confirmed diagnosis? Has in Hopland It was there an autopsy? 12
E 2 2	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 12. 10 May 11	Accident, suicide, or homicide?
no. 2 no. 2 0 1 1.	(Specify city or town, county and State)
(Address) (T. 2) Saithersburg (mo.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Arodfuld Date June 12, 1932	Neture of injury
13 Beall Inc	24. Was disease or Injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) Dangery mg	If so, specify
2000 Jame 12 . 32 19000 N B. WITT.	(Signed) Lenge In Proyer. M.D.
20. FILED WALL 2, 19 34 A SOCI OV, O) WALLY	(Address) Damasaus Ma

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis 1 Chamber 1	3 days ago
		1934	
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	8220
County May 1	Registration Dist. No. 216
Village or City Bellusda	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mana G. 1866	
(a) Residence: No. Bithude Md.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrighthe word) Sold Married Wilders and Married Williams (1997) Sold	21. DATE OF DEATH (Month) 3rd (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan, 18 1858	I last saw new alive on 1927, 1937; death is seid
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at
74 4 / 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Derebrallemorshage 5/31/32
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and the second in the second in this occupation (month and the second in the second	
Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country)	Other Centributary Canses of importance:
13. NAME //allin Molls.	
4. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
II 15. MAIOEN NAME Itinabeth Keble	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Stigabeth Reble 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) England	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Miss May Garney - (Address) Gelkhavla met	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BUDIAL, CREMATION, OR REMOVAL	Manner of injury
Place Fort Lesiola Date June, 5, 1832	Nature of injury
19. UNDERTAKER Janes Co Georgines (Address)	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED June 4, 1932 Benj C. Perny	(Signed) M.D. (Address) Manual Manua
If more blanks and needed, address Stake Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 1
Arteriosclerosis	1915		1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Carl Carl	3 days ago
		SECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR I	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA. Exact statement stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be mation should be carefully supplied. V. S. No. 1

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1. PLACE	E OF DEATH			50	1 10
County	Monogen	ery.		Registration Dist. No.	17
Village Length o	or Cityor and of residence in city or town where			ND. St., f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL	NAME malo	1001	ans		
	· · · · · · · · · · · · · · · · · · ·	him of a		St., Ward.	
(a) Nes	sidence: Np. 71 less	(Usual place	of abode)	If nonresident give city or town and	State
PERS	SONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Jeenal	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED. D (write the word)	21. DATE OF DEATH	, 193 T (Year)
HUSBAND	widowed, or divorced	WO		22. I HEREBY CERTIFY, That I attended	
-(or) WIFE	of lo proles.	Holan	\$	SIII 1930 to GII31	deceased from
6. DATE OF BU	RTH (month, day, end yeer)	1000, 15.	1884	l last saw /alive on 19	; death is said
7. AGE	Years Months	Days	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at 23-0 a.m. The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
9 Trade	profession, or particular	108	ormin.	were as follows:	Date of onset
SAV	d of work done, es SPINNER, WYER, BOOKKEEPER, etc y or business in which	Joreselly	18	bleno carcinoma o	81130
wor SAV	k wes done, es SILK MILL, W MILL, BANK, etc			tick Turasto.	
to Dete de	eceased last worked at coccupation (month and	11. Total t	ime (years) nt in this		
year	r)	occi	upation	Other Contributory Causes of importance:	
12. BIRTHPLAC			f	distribution of the policy of	
1	r country) / Range	1600 201	9,	Birnel priummia	6/10/3
13. NAME	Cas. W. Ce	maris		0 10 0	
(Sta	PLACE (city or town)	land		Name of operation Comparish Back Date of What test confirmed diagnosis? Was there an a	8/4/30 30/syl/31
15. MAIDEN	NAME Complete	1 mar	rda	23. If death was due to externel causes (VIOLENCE) fill in also the following	:
	LACE (city or town)			Accident, suicide, or homicide? Date of injury	, 19
Z (Sta	ate or country)	land.		Where did injury occur? (Specify city or town, county and State	(a)
17. INFORMANT (Address		ylon m		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, GREMATION, OR REMOVAL			10	Manner of injury	
Place	raistrens for 19	Date - Jack	1922	Nature of injury	0
19. UNDERTAKE (Address		Jung h	4.	24. Wes disease or Injury In any way related to occupation of deceased?	no
20. FILED JU	~e/3,19.82 C	Bar	usle Registrar	(Signed) (Address) (Address)	7. M. P.
	If may	blanks are needed a		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	· · · · · · · · · · · · · · · · · · ·

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		And the state of t	15-26
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0			
1			

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Exact statement of OCCUPA.

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Montgomen	Registration Dist. No.
Village or City Far Corners	No. St, War War St, War War St, War
Length of residence in city or town where death occurredyrs,mo	s. ds How long In U.S. it of foreign birth?yrsmos
2. FULL NAME MARY LEVI	
(a) Residence: No. Jan Currens (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (varie the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Or) WIFE of I ahn her	22. I HEREBY CERTIFY, That I attended deceased f
TAME /1859	I last saw h. E. R. alive on June 24 , 1932; death is
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at _/ _ Pm.
7 3	wase as follows:
8 Trade profession or particular	Cardiac dilation Date of or
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Ipdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this year) service occupation	
1 1 11 . C. +	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town).	fame regulation, negotadition
13. NAME Jahn American trailed	
14. BIRTHPLACE (city or town) manyland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Playmed shows Was there an autopsy?
15. MAIDEN NAME J one Som	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Some Struct 16. BIRTHPLACE (city or town) (State or country)	Accident, sulcide, or homicide? Date of injury, 19
E (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Mys Jones Yarbaugh	Specify whether Injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Fam Carters In	_
Place Ashung Date June 29, 1932	Manner of injury
1 0 (NA NX NI 0 11/ 0 7 2	7.4
19. UNDERTAKER AND MANAGE AND COMMENTS	24. Was disease or Injury in any way related to occupation of deceased?
mal .	(Signed) Wan a Shannon
20. FILED Registrar.	(Address) 113 Carrell It, Jahrya V.
	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exa	ımple İ		Example II				
The principal cause of death of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriasclerosis	RUGE UV	\$ 1915	Attack of epilepsy	1 week aga			
Chranic interstitial nephritis	Bonz	1921	Run aver by street car	1 week ago			
Cerebral hemorrhage	7	July 5, 1927	Peritonitis	3 days ago			
			. = 7				
Other contributory causes o	f importance:		Other contributory causes of importance:				
Gallstones		May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS BY PHYSICIAN
	H

V. S. No. 1

STATE O	F MARYI AND-	CERTIFICATE OF DEATH	06702
1. PLACE OF DEATH	with the world was an	93-70	
County Lines	elect. morta	Registration Dist. Np.	2/3
Village or City Auch	wilet 1		C+ Word
		death occurred in a hospital or institution, give its NAME instead of str	St., Ward
Length of residence in city or town whare d	eath occurred yesmos	ds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME O Ria	ac magre	efer	
(a) Residence: No.	अंग्रन्थ रहेन	St., Ward.	
PERSONAL AND STATISTI	(Usual place of abdo)	If nonresident give city or to	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7 TH
S. SEA	OR DIVORCED (gurite the word)	A. DATE OF BEATH	0 2193
5a. If married, widowed, or divorced	single	(Day)	(Year)
HUSBAND of (or) WIFE of	Sin.	22. I HEREBY CERTIFY, That I a	ittended deceased from
, /		, 19, to	
6. DATE OF BIRTH (month, day, and year)	interroun	I last saw h alive on gully	19 - , death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date state above, at The PRINCIPAL CAUSE OF DEATH and related causes of Impuran	n.
471 -	ormin.	were as follows:	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.	P Lade	mysealle	1 7 Zu
9. Industry or business in which	Sulpa description who	()	O The
work was done, as SILK MILL, SAW MILL, BANK, atc.	を含まる。 Cartion Company		ags
10. Data daceased last worked at this occupation (month and	11: Total time (years)	- 3	
year)	occupation	Dther Contributory Causes of importance:	
12. BIRTHPLACE (city of town)	De rivered		
(Stata or country)	1 60 - 1/		
13. NAME 14. BIRTHPLACE (city or town)	Simlh		
4 14. BIRTHPLACE (city or town)	1 /2 - 4 to 12	Name of operation	ate of
(State of country)	2400 6	What test confirmed diagnosis? Was the	hera an autopsy?
15. MAIDEN NAME CONNE	i magnitur	23. If death was dua to external causas (VIDL ENCE) fill in also the	
O 16. BIRTHPLACE (city or town) (State or country)	Mo for the m	Accident, suicide, or homicide? Data of injury	, 19
4 10 0	mary La	Where did injury occur? (Specify city or town, county	and State)
17. INFDRMANT (Address)	1 DE DE 10 H 3	Specify whether injury occurred in INDÚSTRY, In HOME, or in PÚL	SLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	MAKE & MERCH	Mannar of injury	
Place Upler France.	Date 4 28, 1932	Nature of injury	
19. UNDERTAKER Helyner	insphrey.	24. Was disease or injury in any way related to occupation of decea	ised?
(Address) Rockille		If so, specify 701	1 delie
20 FILED Jun 28 1932 W	lis o Nouvalud	(Signed)	MA
	Registrar.	(Address)	ctly >
If more	blanks are needed, address State Revistrar	SHEET N Charles Street Baltimore Reduction 7) S No .	N Gal :

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

	STATE C	OF	MARYL	AND-	-CER	TIFIC	ATE	OF	DEA	TH
CE OF D	EATH						1000			

1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Montamus	Registration Dist. No. 2/3
Village or City mer Travelch	,
0 1 0	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Varal Marm	imis)
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wite the word)	21. DATE OF DEATH
Sa If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	Liast saw h alive on 19 ; death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
about - 100 - I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or cartiaute	Date of onset
SAWYER, BOOKKEEPER, etc.	monne
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Brown reporte from an
Data deceased last worked at this occupation (month and spent in this by	mod Dec. 19, 1931
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Oncknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide? Washington, Date of injury, 19
∑ (State or country)	Where did injury occur? Charles
17. INFORMANT a. a. Morkey - Unit Police (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	Manner of injury Prackets
Placa Locksells Date fessel. 8, 1022	Natura of injury
19. UNDERTAKER Warner & Junghier	24. Was disease or injury in any way related to occupation of deceased?
(Address) Rock VI'LLE	If so, specify
20. FILED 49 , 1932 Mis W. J. Frall	(Signed) M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
		2561 0 100	0			
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

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	,	

state

plnous

STATE C	F MAR	YLAND—	CERTIFICATE OF DEATH				
County Monta	Anadah a		Registration Dist. No. 213				
Village or City Aos	so Il	,	No. St. Ward				
Length of residence in city or town where o	double assumed	(If	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?				
	P An	1/	7				
2. FULL NAME	Arel	vorm)	Marghero.				
(a) Residence: No.	(Usual place	of abode)	If nonresident give city or town and State				
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH				
4. COLOR OR RACE	5. SINGLE, MARI OR DIVORCED	RIED, WIDOWED,	21. DATE OF DEATH (Month) (Day) (Year)				
a. If married, widowad, or divorced HUSBAND of			22, I HEREBY CERTIFY, That I attended deceased from				
(or) WIFE of			J 19 16 , 19				
S. DATE OF BIRTH (month, day, and year)			I last saw h alive on the last said				
. AGE Years Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at/				
100		ormin.	were as follows:				
8. Trade, profession, or particular kind of work done, as SPINNER, — SAWYER, BOOKKEEPER, etc.			(Stillban)				
2 Industry or business in which		***********	The state of the s				
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total ti	ma (vaore)					
this occupation (month and year)	span	tin this pation					
12. BIRTHPLACE (city or town)	my	1.	Other Contributory Causes of Importance:				
13. NAME Garner	1 May	hen					
14. BIRTHPLACE (city or town)	11		Name of operation				
(State or country)	no.	2 0	What test confirmed diagnosis? Was there an autopsy?				
15. MAIDEN NAME Reflice 16. BIRTHPLACE (city or town)	Vash	Jose.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?				
(State or country)	D.C.		Where did Injury occur?(Specify city or town, county and State)				
7. INFORMANT hellie In (Address)	aghen	1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.				
8. BURIAL, CREMATION, OR REMOVAL	1 0		Manner of Injury				
Place	Date	ne 1.1932	Nature of Injury				
19. UNDERTAKER Jaroset	ma	yher.	24. Was disease or injury In any way related to occupation of deceased?				
(Address) den	wood	1.	If so, specify				
20, FILED 6 - / 1932 M	no W.	T. Acalt Registrar.	(Signed) M. D. (Address) Royard M. D.				

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PERKAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

2	1		1
		1	
V	1	V	
1	1		

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

of OCCUPA-

Exact statement

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2
1. PLACE OF DEATH	MIN COM	——————————————————————————————————————	111
County Monlgom	ery " Tr	Registration Dist. No.	
Village or City Takama	Gark (If	No. Westeryton Senitarium Hospitalst., death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of residence in city or town where death or			ds.
2. FULL NAME Martin	miller	0.1	0
(a) Residence: No. U.S. Old Sal	Usual place of abode)	d. St., Ward. Nashwallon D. If nonresident give city or town and State	
PERSONAL AND STATISTICAL	. PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white of	NGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	nown	22. 4 HEREBY CERTIFY. That I attended decea	used from
6. DATE OF BIRTH (month, day, and year)	26. 1867	I last saw h alive on 6/28/, 1932, dea	ath is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 5.16 A.m.	
65 4	3 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ta of onsat
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total time (years) spant in this	Decompensation 3	yro.
12. BIRTHPLACE (city or town) (State or country) The state of country	occupation	Dther Contributory Causes of importance:	5/2
13. NAME Henry Drie	0.3.	Ty postale Tranche preumous	7
14. BIRTHPLACE (city or town) (State or country)	ny.	Name of operation Date of What test confirmed diagnosis?	sv?
15. MAIDEN NAME untensu	on	23. If death was due to external chuses (VIOLENCE) fill in also the following:	-,
16. BIRTHPLACE (city or town). (State or country)	any:	Accident, suicide, or homicide?	19
17. INFORMANT Washington Sainters (Address)	um + Hospital Recon	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL AJEMATION, OR REMOVAL BALL DATE	6/20 ,1932	Manner of injury	
19. UNDERTAKER Novel 11. Ta	bler	24. Was disease or injury in any way related to occupation of deceased?	

Registrar.

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• Examplé I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
tellai	वंग्रही		
Other contributory causes of importance:	- 1	Other contributory causes of importance:	Section 1
Gallstones	May 1, 923	Gastroenteritis	1 year
	3		

V. S. No. 1

attended to the second of the second	IE OF	MAR	YLAND-	CERTIFICATE OF DEATH	12017
1. PLACE OF DEATH	10			10	18
County Montg		•		Registration Dist. No. 2	
Village or CityCTS	ithers	1		NQ. No. Monthly Control of institution, give its NAME instead of street and s	
2. FULL NAME Man	v Vir	ginia	Padget		
		hersb			
(a) Residence: No.		(Usual place		St., Ward. If nonresident give city or town and	d State
PERSONAL AND ST	TATISTICA	L PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR Female Wh1:		SINGLE, MAR OR DIVORCE	RIED, WIDOWED, 0 (qurite the word)	21. DATE OF DEATH	, 193 Z
5a. If married, widowed, or divorced HUSBAND of	/	1	h		(1601)
(or) WIFE of	11 x les ?	divar	d Radge	HEREBY CERTIFY. That I attended	
6. DATE OF BIRTH (month, day, and y	(ear) 3 -	15	- 1858		, 19.3 2 death is said
	Months	Days	If LESS than	to have occurred on the date stated above, at 30 Pm.	
I858- 74	2	19	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or particula	ır o			Later brewning	Date of onset
8. Trade, profession, or particula kind of work done, as SPI SAWYER, BOOKKEEPER, et	INNER, SE	eamstr	ess		
kind of work done, as SPI SAWYER, BOOKKEEPER, et 9. Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	IILL,			V	
ID, Date deceased last worked et		11. Total ti	ime (years)	-	
this occupation (month and year)		spai	nt in this upation		
	Va			Other Contributory Causes of importance:	1
1z. BIRTHPLACE (city or town) (State or country)	Y.Q			acute carding deletation	4-70-8
13. NAME John	Marsha!	11			
13. NAME JOHN 14. BIRTHPLACE (city or town)	Va			Name of operation	
(State or country)				What test confirmed diagnosis?	
# 15. MAIDEN NAME Susan H Peters				23. If death was due to external causes (VIDL ENCE) fill in also the following	
15. MAIDEN NAME Susan H Peters 16. BIRTHPLACE (city or town) Va				Accident, suicide, or homicide? Date of injury	0
17. INFORMANT H Supt, Of Home of Aged				Whera did injury occur?	
				(Specify city or town, county and Ste Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PI	
18. BURIAL, CREMATION, OR REMDVAL				Manner of injury	
Place Gaithers	ourg	Date JU	ne ota	Nature of injury	
19. UNDERTAKER Pa	the	5-11-	Josepal .	24. Was disease or injury in any way related to occupation of deceased?	n
20. FILED JULL # , 19.3	2 1/26/1	u sarc	ElCluson Registrar.	(Signed) Jordschaur marchalang m	
	If more blan	ks are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

CTATE OF MADVI AND

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DE	ATH
-------------------------------------	-----

46202

	STATE OF MARYLAND	CERTIFICATE OF DEATH
1	1. PLACE OF DEATH	
	County Mant gomery.	Registration Dist. No. 2 23
1	Village or City Takoma Park	Notice hington Sanistor us & Hespetat Ward death occurred in a horbital or institution, give its NAME instead of street and number)
1	Length of residence in city or town where death occurredyrsH_mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Mrs thisting Ponic Kar	J
	(a) Residence: No. 805 Tay For St. (Usual place of abode)	St., Ward. Wesshing ton DC, If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
(3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Whise wide with the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Mr. Robert Pour Kaw	22. HEREBY CERTIFY. That I attended decessed from
		Llas raw h en elive on the state of the stat
certificate	6. DATE OF BIRTH (month, dey, and year) Nov. 5 1852 7. AGE Years Months Days If LESS than	I last aw h elive on
tific	7 / 1 0 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
cer	8. Trade, profession, or particular	were as follows:
of	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 40 N. S. E. W. S. E. S. S. Industry or business in which	Ay postatic meumonia 4/10/32.
back	work was done as SH K MIII.	
s on	11. Total time (yeers) bow this occupation (month end year)	
instructions	98	Other Costributory Gauses of importance:
uct	12. BIRTHPLACE (city or town) (State or country)	Co. all markets
ıstr	# 13. NAME Lacob. 13: Seher	The box tenors
	I	Name of operation. Date of Date of
See	(State or country)	What test confirmed diagnosis? Luncal fall Was there en au opsy? O
ıt.	15. MAIDEN NAME Christine Schoepp.	23. If death was due to external causes (VIOLENCE) fill in also the following:
rtaı	16. BIRTHPLACE (city or town) - Qer Man J	Accident, suicide, or homogide?
odu	(State or country)	Where did injury occur?
very important	17. INFORMANTURE Rington Sanitarium Records (Address) Takonia Park md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
18	Place Washington, Date June 3, 1937	Nature of injury
TION	Das Asan his team	24. Was disease or injury in any way related to occupation of deceased?
H	19. UNDERTAKER 17. Office Cons. (Addiess) /7-7/ Pa Que 71 M. Wash 5) P	if so, specify
	20 EUER June 3 ,32 Home ers	(Signed) downed I morse man M. D.
	Registrar.	Taroffenh. Jan 1 Hosp, Takoma Parke
	If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:	1000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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See instructions on back of certificate.

TION is very important.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	186-01
County Mortgomery	Registration Dist. No. 2/2
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign blrth?yrs mos ds.
2. FULL NAME Rufug. Trembon	y Poole
(a) Residence: No. Paterne sully (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 6 . 4
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 1932, to 1932
6. DATE OF BIRTH (month, day, and year)	Nasi saw h. A. alive on
7. AGE Years 50 Months Days If LESS than	to have occurred on the date stated above, at 1042m.
75 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ 8. Trade, profession, or particular	acololism mass
kind of work done, as SPINNER, Boy Column was SAWYER, BOOKKEEPER, etc.	4 assidintal Hall trombuck and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate descendant worked at this occupation (month and continuing the second in this continuing the second in th	Causing cerebeal Comoulage. June 47
0 10. Oate deceased last worked at this occupation (month and spent in this	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Moughend	Other Contributory Causes of Importance:
(State or country)	Clearly strained that the
13. NAME William & Boolen	
13. NAME Walliam & Woole -	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & peline Burth	23. If death was due to external causes (VIQL ENCE) fill In also the following:
15. MAIDEN NAME Collins Abundatt 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Assured Date of injury 4 1932
State or country)	Where did injury occur? at his home
17 MFORMANT Illa Problem	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
Bandress till and	artistione. Barnestille Mid.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Fall from person wot
Place PM dury Oate free, 1987	Nature of injury Rlow on Read by fall .
19 UNDERTAKER TO Gartine	24. Was disease or injury in any way related to occupation of deceased?
(Address) O fallmenty	If so, specify
20 FILE Dune 4 1932 Mrs. C. C. Hillow	(Signed) Ublive V. Mourse, M.D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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V. S. No. 1

	V. 5. 100. 1	Ò	MARGIN RESERVED FOR BINDING	KEST	2K V E	1	OK	BIL					1	M	1	
Z	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	WITH	UNFADIR	NG IN	K-TH	IIS I	SA	PER	MANE	NT R	ECOR	D. Ev	ery i	Sea Se	Infor-	
	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully s	upplied.	AGE sl	pluod	be s	tated	EX	ACT	LY.	PHY	SICIA	SNI	plnous	state	41
-	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	n plain	terms, so	that it	may	he p	roper	ly c	lassified		cact s	tatem	ent c	200 J	TIPA-	
_	TION is very important. See instructions on back of certificate.	it. Se	e instructi	ous on	back	of ce	rtific	ate.					1		1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	2.
County Sconlingonieros	Registration Dist. No. 2 //
Village or City Huler Ecolofor	NoSt., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred death occ	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margasal Joong Horse	y f lyan
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	xuue// 1932
5a. If married, widowed, or divorced	(Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
Jano Jugare	1994, to 1992
6. DATE OF BIRTH (month, day, and year) 15. 18 17	hast saw have alive on 19.9 death is said
7. AGE Years Months Days If Less than 1 dayhrs.	to have occurred on the date stated above, at I and the principal CAUSE OF DEATH and related causes of importance
33 0 0 7 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colonia Tillus
	yacusung Purceaucies
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Ţ
Data daceased last worked at this occupation (month and spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Ayathstown	Other Country Causes of Importance.
(State or country) I montgomery	
13. NAME Core Synth Wolfe 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Jaura Dorest Superity 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Many Call States (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hyalls lown Date Jame 19, 1932	Nature of injury
10 UNDERTAKER W. A. Bundette & form	24. Was diseasa or injury in any way related to escupation of deceased?
(Address) Synthetown Coll	If so, specify
20. FILED Jame 18, 1932 Mm & Lewis	(Signed) MD.
Local Registrar.	(Address) of the due to

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ADDITIONAL	SPACE FUI	FURIHER	SIAIEMENIS	В	PHISICIAN	

ADDRESS ON A STATE OF THE PROPERTY OF A PARTY OF THE PART

PLACE OF DEATH
County Mankgomen

(No.

STATE OF MARYLAN CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in

	2 FULL NAME Joseph W Lingson	tion, give its NAME institution, give its NAME i
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 29. , 1932
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h ham alive on 2 2 9 , 1952
7	AGE If LESS than	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
1	OCCUPATION (a) Trade, profession or particular kind of work	mital Cardine Surryfreeway
	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) unha osun de.
9	BIRTHPLACE (State or country) may land 10 NAME OF Paris Limpson	Contributory Secondary Secondary (Duration) (Signed) M. D.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Androwy	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Less known	At place of deathyrsmosds. In the Stateyrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of dea.h?
	(Informant) Was Linefeson	Former or usual residence
-	(Address) Lay lousville Ind	Brook Grow Cees July 3 , 153 2
15	Filed July 2 1982 WH Dyen	20 UNDERTAKER ADDRESS

If more bianks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Every item o statement

N. B.-

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal minc, etc. Women at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reto report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. or given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-Compositor, Architect, Locomotive engineer, For persons who have no occupation Stationary fireman, etc. But in many single word or term on (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Uraemia," "Weakness," etc., when a definite disease "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, "Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiby Committee on Nomenclature of the and consequences (e. g., sepsis, ," "Convulsions,

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

S. No. 1

OCCUPATION

FATHER

MOTHER

instructions on

jo

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Example I	the state of the s	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
DNG	NENT RECORD. E	CTLY. PHYSICI	ified. Exact staten	
MARGIN RESERVED FOR BINDING	IS IS A PERMAN	be stated EXAC	be properly classi	of certificate.
IN RESERVE	DING INK-TH	l. AGE should h	, so that it may b	uctions on back o
MARG	Y, WITH UNFA	carefully supplied	(H in plain terms,	ortant. See instr
1	-WRITE PLAINI	mation should be	CAUSE OF DEAT	TION is very important. See instructions on back of certificate.

B.—WRITE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

6.1	5 17 4	100
UA	371	6

1. PLACE OF DEATH	<u> </u>
County Montgomery	Registration Dist. No. 211
Village or City m Clarksburg	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where death occurred Z1_yrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Odward Thomas Do	nouden.
(a) Residence: No. 742 Clarksburg Md. (Usuat place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Swrite the word)	21. DATE OF DEATH June 17, 193 2
5a. If married, widowed, or divorced HUSBAND of	(Month) (Pay) (Year)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Deft. 15, 1910	I last saw have alive on June 17 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
. 2/ 9 2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, falsely on hoad. SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the same spent in this occupation (month and the same spent in this occupation).	the heart on I wh.
year) occupation 1911	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) M. Dlanguy VIII	When the state of
13. NAME Clifton Harry Snawden 14. BIRTHPLACE (city or town) 21. Clarksburg.	- manualis Gentle
4 14. BIRTHPLACE (Eity or town) 21. Elastesburg.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? 244_
16. BIRTHPLACE (city or town) No. Blackeburg	23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?
5 16. BIRTHPLACE (city or town) M. Slawburg (State or country)	Where did injury occur?
17. INFORMANT Chillon 14. Sunden (Address) Clarksburg	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Rocky bill Class. Date June 20, 1932	Manner of injury
19. UNDERTAKER Roy H. Barber (Address) Landoneville med.	24. Was disease or injury in any way related to occupation of deceased? 100
20. FILED June 20, 1932 Win & Look Registrar.	(Signed) Lame M. D. (Address) Dumas Lus Ma.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	of death and related causes as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	BUREAU V. 8.	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	(del 9 10)	3 days ago
			GAVISOS	1:
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLA	ND—CERTIFICATE OF DEATH
1. PLACE OF DEATH	(67)
County Mortgonery	Registration Dist. No.
Village or City Sandy Spring;	Md No. St., Ward
Length of residence in city or town where death occurredyrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME CLYLLE & Thom	
(a) Residence: No. Livas Dimaton	O.C. St., Ward.
(Usus piace of abode	
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write	
5a. If married, widowed, or divorced HUSBAND of	22, I HEREBY CERTIFY, That I ettended deceased from
(or) WIFE of	9. 1 19. 1 10. 6. 3. 6. 193 Z
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on draft, 19; death is said
7. AGE Years Months Days If I	LESS than to have occurred on the date stated above, etm.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Jum Stot wound of Uff
SAWYER, BOOKKEEPER, etc.	chest. 9/26/32
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11, Total time (yea	sie inflict
10. Date deceased last worked at this occupation (month and spent in this	rs)
year) gune 25, 1932 occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	Hmodogr.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	. 0
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis?
Ξ	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
O 16, BIRTHPLACE (city or town) (State or country)	Where did injury occur? alney montgointed m
17. INFORMANT Senator E.J. Frager (Address) Limburaton, B. C.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Color 1 Date 2 2	Manner of Injury Nature of injury Puncleum Grand of Chest:
19. UNDERTAKER LIDOUTER E. Pumple (Address) Roc Revielde, m. 4	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED June 27, 19 32 CB armsley	(Signed) M. D. Registrar. (Address) Analy D
If more blanks are needed, address Si	tate Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
		GEARSON		
Other contributory causes of importance:		Other contributory causes of importance		
Gallstones	May 1,1923	Gastroenteritis	1 year	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

RESERVED

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	2031 C 511V	3 days ago
			GEALES	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	3 Gastroenteritis		1 year

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should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH			820	W.W.W.A.W.
County Morta	omarcu		Registration Dist.	No. 2/3
Village or City Reco		·md.	NoNo	St., Ware
Length of residence in city or town	where death occurred	yrsmos	ds. How long in U.S. if of foreign birth?	_yrsds
2. FULL NAME Glis	Stockey	Brais	•	
(a) Residence: No. OR			St., Ward.	city or town and State
PERSONAL AND STA			MEDICAL CERTIFICATE O	F DEATH
3. SEX 4. COLOR OR RA		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	2 7 , 193 2 (Year)
5a. If married, widowed, or divorced			V	(1001)
(or) WIFE of Hage b	ial Trai	٥	may ,193/ ,to Je	
6. DATE OF BIRTH (month, day, and year	1) Dec. 18,	1845	I last saw h la alive on June 3	26., 19.3.2 death is sai
	nths Days	If LESS than	to have occurred on the date stated blove, at	•m.
86	9	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of were es follows:	
8 Trade profession or particular	IED .		Cerebral apolo	lexy May 1
kind of work done, es SPINI SAWYER, BOOKKEEPER, etc.	Metuco	d-		
9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc.	L,			/
kind of work done, es SPINI SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MIL SAW MILL, BANK, etc		time (years)		
this occupation (month and year)	spe	ent in this		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
		apation	Other Contributory Cappes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	alternose	<u> </u>	arterio-seleron	5
	nayuna	ia.		
13. NAME Sama	o me c	grana		
14. BIRTHPLACE (city or town)			Name of operation	Dete of
(State of country)	noxugar	nd	What test confirmed diagnosis?	_ Was there an autopsy?
15. MAIOEN NAME	Bea	doob	23. If death was due to external causes (VIOL ENCE) fill in a	also the following:
0 16. BIRTHPLACE (city or town)			Accident, suicide, or homicide? Date	of injury, 19
(State or country)	naryla	md	Where did injury occur?	
17. INFORMANT (Mac)	Braumer	Michalan	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		6	Manner of injury	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Place Union Comet	Date Jun	a9 1932	Nature of injury	
19. UNOERTAKER LUCKER	-	20014	24. Was disease or Injury In any way related to occupation	of deceased?
(Address)			If so, specify	-
6/05 30	mrs. W.I.	PS	(Signed) 9.0.Harle	<i>as a</i>
20. FILED. 7.2. , 19.3.2.	1000 000	Registrar.	(Address) Rocker	W.
	1.1	Acgistrar.	" (nuuless)	~~

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

1	STA	ATE OI	F MARY	LAND-	CERTIFICATE	OF DEATH	0671	16
1:	I. PLACE OF DEATH	ALL VIN OU			9.7			
	County Village or City A	Magor	nery	ink	No. 107 Bali	Registration Dist. No.	223 2 st	Ward
	Length of residence in ally or	r town where de	ath occurred // s	yrs mos	death occurred in a hospital or insti	tution, give its NAME instead of of foreign birth?yrs.		
	(a) Residence: No. 10	7 /3a	(Usual place of	WC.	St., Ward.	If nonresident give city o	or town and State	
	PERSONALVAND	STATISTIC	CAL PARTIC	ULARS	MEDICAL O	CERTIFICATE OF D	EATH	
3.	Temale Whi	R RACE	S. SINGLE, MARR OR DIVORCED SWIG	(purite the word)	21. DATE OF DEATH	6 - 15 (Oa)	, 193_	Year)
5a	. If married, widowed, or divorced HUSBANO of (or) WIFE of		0		22. 1 HEREB	Y CERTIFY That	1 -	sed from
6.	DATE OF BIRTH (month, day, an	d year) //-	-13-1	844	I last saw h_er_alive on	6-14	19.3.2; deat	th is sald
-	AGE Years	Months 7	Oays /	If LESS than 1 day,hrs. ormin.	to have occurred on the date sta The PRINCIPAL CAUSE OF DEA		1	1
LION	8. Trade, profession, or partic kind of work done, as S SAWYER, BOOKKEEPER	ular SPINNER, I, etc	NONE		Cardio	Yoscule	4	olonset
OCCUPATION	9. Industry or business in wh work was done, as SILK SAW MILL, BANK, etc	MILL,	11 T-A-1-1		700			
00	10. Oate deceased last worked this occupation (month : year)		11. Total tim spent occup	in this ation	Other Contributory Causes of im	pgrtance:/		
-	(Stata or country)	Was	D.C	· / //	Steat	Harlur	e 6-	7-3
HER	13. NAME NOVIAL	a ///	edaru	Wallace				
FATH	14. BIRTHPLACE (city or town) (State or country)	4	cotla	rd	Name of operation	Wa	Oate ofas there an autopsy	y?
OTHER	15. MAIOEN NAME	ssie	For	bes	23. If death was due to external c		The state of the s	
MO	16. BIRTHPLACE (city or town) (State or country)	1 1 2.	Scotlo	end	Accident, suicide, or homicide? Where did injury occur?			19
17	(Address) / O 7	of Mc	haren o ane.	Uallac	Specify whether injury occurred			
18	BURIAL, CREMATION, OR REM	S.C.	Date June	17,1932	Manner of injury			
19	UNOERTAKER OQ (Address)	jawt	ers so	w.	24. Was disease or injury in any	way related to occupation of d	eceased?	
		1	-/ 27	10	I WILLIAM	an mal	2111>	

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(Address)

Registrar.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		CIBALBICIE	
		and Marks of France Comments of the Comments o	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st TION is very important. See instructions on back of certificate.	CAUSE OF DEATH in plain terms, so that it may be properly of right in portant. See instructions on back of certificate.
s on back of certificate.	ortant. See instructions o
at it may be properly classified. Exact s	H in plain terms, se that
mation should be carefully supplied. AGE should be stated EXACTLY. PHYS	arefully supplied. AGE
. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORI	, WITH UNFADING I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Mintarney	Registration Dist. No. 2/3
Village or City Tuest Klest Esto Park	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Francis Co Wal (a) Residence: No. 3902 - Windom VI, W (Usual place of abode)	St., Ward. Washinglow J If nonresident give fit or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A. COLOR OR RACE OR DIVORCED (whethe word) Sugar	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Pays If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Occidental Dimming
SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of Importanca:
13. NAME Pelko Maloh 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Slaver 16. BIRTHPLACE (city or town) Scalar Court (State or country) 17. INFORMANT VIW LA Skalsh (Address) 14908 - 410 St MW 55	23. If death was due to external causes (VIOI ENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Wash. Date June 6, 19.32	Mannar of injury Drowing while Lething Natura of injury Drowing
19. UNDERTAKER W. J. W. W. J. Prace 20. FILED le – le 1932 mg Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) M. D.
If more blanks are needed, address State Registrar	24TT N. Charles Street, Baltimore, Requesting T. S. No. T.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 'I	İ	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitic nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory cause of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4			

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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No.
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1.	PLACE OF DEATH		ST. P. C.
	County Man X gramery	Registration Dist. No. 23	-3
	Village or City Takama Park, mary la	ud No. Wash in a Kon San Kariust death occurred in a horpital or insulviion, give its NAME instead of street and nur	War
	Length of residence in city or town where death occurred way yrs. 2 mos.	death occurred in a norpital or insurance, give its IVAIVE instead of street and but	mber) d:
2	FULL NAME Mrs. anabelle war		
۷.			
	(a) Residence: ND. 29 You Street, N. (Usual place of abode)	E. St., Ward. Washing ton DC. If nonresident give city or town and St	ate
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI	OR DIVORCED (write the word)	21. DATE OF DEATH	د
+	eminine white widowed	June 25 (Month) (Day)	(Year)
5e. I	f merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended de	ceased fro
	(or) WIFE of Harry Kandolph warren	april 24, 1932, to June 25	
6. D	ATE OF BIRTH (month, day, and year) December 13, 1774	I last saw het elive on June 25, 19.32;	death is sa
7. A	GE Years Months Days If LESS than	to have occurred on the date stated above, at & em.	
	57 6 /2 I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:	Date of ons
z	8. Trade, profession, or particular kind of work done, as SPINNER,	7,	
	SAWYER, BDDKKEEPER, etc. Howsewise.	craeno Carcinous	
UP	work was done, es SILK MILL, SAW MILL, BANK, etc.	1 Branchist Lyngh	
OCCUPATION	1D. Date deceased last worked at this occupation (month and spant in this	grown.	
	year) a pril 19.32 occupation 30 yrs	Dther Contributory Canses of importance:	
12.	BIRTHPLACE (city or town) 9 taffard	Guershized accusing	Taxe
	(State or country) Vinginia	glympho glands.	
FATHER	13. NAME Charles M. Buland	tous	
AT	14. BIRTHPLACE (city or town)	Name of operation Date of	
1	(State or country) Virginia	What test confirmed diagnosis? Desprey. Was there an eu	opsy?_U
MOTHER	15. MAIDEN NAME Sarah a. Chancellor	23. If death was due to external causes (VIOLENCE) fill in also the following:	
<u>S</u>	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	, 19
- 1		Where did injury occur? (Specify city or town, county and State))
17.		Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLAC	, 6.,
18.	BURIAL, CREMATION, ORPRENOVAL	Manner of injury	
	Place Wash. D Date upe 25, 1932	Neture of Injury	
10	UNDERTAKER Os gawler's Hous	24. Was disease or Injury In any way related to occupation of deceased?	
13.	(Address) 17.5-4 fg Gove y. W	If so, specify	
20.	FILED LINE 25 1932 HEN Wash D.C.	(Signed) Militury	M
	Registrar.	(Address) / artour / act	und

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:			Example II	Dete of onset 1 week ago 1 week ago 3 days ago
			The principal cause of death and related causes Date of of importance were as follows:	
Arteriosclerosis	1336	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	FORFAU V	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	F.U.Justica	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:	pad n	Other contributory causes of importance:	Estat and
Gallstones		May 1,1923	Gastroenteritis	1 year
			NAME OF THE PROPERTY OF THE PARTY OF THE PAR	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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	. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
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STATE	OF	MARYL	AND-	-CERTI	FICA	TE	OF	DEATH	ĺ
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1. PLACE OF DEATH	107-0			
County The MC Park	Registration Dist. No.			
Village or City 400 Junes & the	No. St., Ward			
Length of residence in city or town where death occurredyrs, mos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?			
100 1 4 5 July 0	15.			
2. FULL NAME NICLES C. Mashi				
(a) Residence: No. (Usual place of abode)	Ward. If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 (Day) t93 Z (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	21. I HEREBY CERTIFY. That I attended deceased from			
6. DATE OF BIRTH (month, day, and year) WV-27-1931	I last saw war alive on the for 1932; death is said			
7. AGE Years Months Days If LESS than	W have occurred on the date stated above, at J.S. 6.0-m.			
6 2 4 or	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:			
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Bundu- Juneumonia 6/9/32			
10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:			
(State or country)				
13. NAME (LICENTOWN) 14. BIRTHPLACE (cky or lown) (State or country)				
14. BIRTHPLACE (cky) or lown)	Name ef operation Date of			
(otato of county)	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME CERCLE Machington	23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME (Calla Washington) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19			
17. INFORMANT Cecelia woshington	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
(Address) Work The I				
18. BURIAL, CREMATION, OR, REMOVAL Place Loudy Trone Date Line, 23, 1932	Manner of Injury			
Place Louiny Norme Date fine, 5 , 190	Nature of Injury			
19. UNDERTAKER Warner En Sunghity	24. Was disease or injury In any way related to occupation of deceased?			
(Address) ROCK VILLE	If so, specify			
20. FILED \$\\ \(\frac{1}{2} \) 19 32 Mus W J. Pale Registrar.	(Signed) M. D. (Address) We have and			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Variable 1 4 3				
Other contributory eauses of importance:		Other contributory eauses of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S No. 1

1 PLACE OF DEATH County nontgomery.	93-c STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 214
Village or City Silver Spring (No	St.: Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH June 24, 1982. (Month) (Day) (Year)
Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 19232 to 19232, that I last saw hereafalive on frank 226
7 AGE (If LESS than I dayhrs. ormin.?)	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Contributory La Language of the Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration)
10 NAME OF FATHER ALUKY C. Hatson 11 BIRTHPLACE OF FATHER (State or country) England 12 MAIDEN NAME OF THE STATE OF THE	(Signed). M. D. *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Cligateth V. Melhorn 13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs loss goods. Where was discase contracted,
(Informant) In Louise Pagetingale	former or usual residence Washington Date of Burial
(Address) 603-3rd A ne 15 Filed June 27 1982 36. Dudluyp.	Washington Il June 24, 19 32 20 UNDERTAKER ADDRESSY
Kedustian	, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective c er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on For persons who have no occupation (b)

Stretement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebros, inal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> Carpolic acid-probably suicide. The nature of the injury, American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, (Recommendations on statement of cause of death approved by Committee on Nomenclature atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be st.ted unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menacedent; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. telapus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular etc. The contributory affection necd Always qualify all heart

If this certificate is looked over thoroughly and all questions and rered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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